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EDITORIAL COMMENT

MISS PALMER AND THE JOURNAL

Telegrams and letters have poured into the *Journal* office since the announcement of the death of the editor-in-chief, until it has seemed as if every part of the country and every branch of nursing had been represented in the expression of sorrow at her loss. All the writers feel that a strong leader has been taken from us, but it is not only in a professional sense that Miss Palmer is missed; she was very human, and her interests were with the great mass of nurses, the ordinary, every-day workers. It was always her desire to have the *Journal* a magazine for the many, rather than one which should present only the advanced thought of those whom we look upon as leaders. Miss Palmer had a very warm affection for her friends and no nurse turned to her in difficulty, either in person or by letter, without feeling how sincere was her interest and her desire to help. A rather unusual quality was her interest in the younger workers, her desire to encourage every one who gave promise of ability. She never felt that all the wisdom of the nursing profession dwelt in the past.

We wish to acknowledge our appreciation of the honor shown Miss Palmer by the *Pacific Coast Journal* by its action in inserting a loose leaf in its May magazine with an announcement of her death.

MEMORIALS

A question contained in many of the letters written about Miss Palmer is, "What shall we do as a memorial to her?" The answer is, fortunately, very clear and simple, for Miss Palmer had expressed a wish that, in case of her death, no effort should be made to raise funds for any sort of a memorial. She felt that the nurses of the country had been asked to give, so often, and so much, and had responded so well, she could not bear to think of their being asked again, and for her.

After the *Journal*, the interest nearest her heart was the Nurses'

Relief Fund. Already several nursing associations have decided to send contributions to that fund in her memory, in place of the flowers they would have liked to send at the time of her death. This is a simple and appropriate way of doing her honor, but it should be voluntary, no effort being made to secure contributions in her name. We are sure that this sort of a memorial would please Miss Palmer better than any other could do.

THE CONVENTION IN ATLANTA

The July *Journal* will be the convention number with a condensed report of the proceedings and with as many as possible of the papers given in the sessions of the American Nurses' Association.

No two conventions are alike, the fact that we meet in different parts of the country gives to each some local characteristic of its own which sets it apart in our minds forever. Northern nurses who had never before been in the south must carry in their minds as a setting to this one, the green pines and the red earth which were continually with them in their journey. On the return trip the lovely garb of spring was spread over the landscape.

Then, Atlanta, itself, though a large city, with skyscrapers, and miles of paved streets, was not too large to be conscious of our presence or to show a cordiality that made us feel always welcome. There were Boy Scouts who rose at five-thirty in order to meet us at the station and carry our bags, or who were ushers at an evening meeting; there were hundreds of men who spent all of Sunday afternoon taking us about in their automobiles; there were women who for six days served lunches at a convenient location; there were school boys who made gavel for us; there were citizens who opened their homes to us when the hotels became unduly crowded. The very meeting place was a donation, offered us without expense. There was also more music than is usual,—music at the opening of each evening session, and most delightful singing under the inspiration of a song leader from Camp Gordon, each afternoon.

The attendance was the largest we have yet seen at a convention and yet the throngs were easily managed, thanks to the efforts of the Arrangements Committee, the Programme Monitors, and those who served at the Bureau of Information. The rooms for exhibits and for books were unusually large, airy, and well arranged.

All of the regular sessions were full of interest, and the round tables have become miniature conventions, not small groups of nurses, but large audiences. Perhaps it will be necessary, in future, to divide the round tables into smaller groups in order to give a chance for the informal discussions which are of such value.

We heard much appreciation and enthusiasm expressed, and very little criticism. There must be some of the latter or we should have no chance to grow and improve. The one subject for regret, expressed by many, was that there was no chance to hear at first hand the experiences of those who had served in this country or abroad during the war. The Red Cross session was held on the anniversary of Miss Delano's death, and a tribute, in music and flowers, was paid to her memory and that of the other nurses who died in service.

Interest in the next place of meeting was so intense that the question had to be settled in the middle of the week, instead of on the last day, as is usual. The Washington representative swept the audience along with her as she described the advantages of coming to the northwest and the decision was a foregone conclusion, though Utah was a close second and is already asking for 1926! very considerably planning to give the east another chance in 1924.

As always, the sense that one is not working alone, that her problems are not peculiar to her own environment, but that we are a mighty body, is the best and most lasting result of the meetings.

Pledges for the Memorial Fund for the Nightingale School in France were given with enthusiasm and brought the amount, paid and pledged, to \$42,000. The question was put to the delegates assembled whether they would rest at this point, considering that the difference in the value of the franc makes the Fund equal to \$50,000, or whether they would actually reach that goal. To the credit of our indefatigable workers and givers be it said that they did not hesitate a moment, but voted to complete the sum in our money. For this reason, contributions for the Memorial Fund are still desired and welcomed, and they may still be sent to the *Journal*.

At one of the evening sessions, Mrs. Helen Hoy Greeley gave a most delightful account of how Rank for Nurses went through Congress successfully. A most appreciative vote of thanks was given to our indefatigable and hopeful counsel, Mrs. Greeley, and to her secretary, who gave such unusual and faithful assistance in the work. Both have worked by night, as well as by day, when the need demanded it.

The fate of Rank for Nurses now rests with the President, as it is part of the Army Reorganization Bill which will later be sent him for signature.

PROGRESS OF STATE REGISTRATION

New York: The nurses of New York State have been in great uncertainty for several weeks regarding the fate of their new Nurse Practice Act. To have it pass both houses of the legislature was a

great and unusual accomplishment, but they began to fear that the Governor was opposed to it, as week after week passed without his signature. Governor Smith was only waiting, it now appears, to give the bill his endorsement in the most gracious way. He signed it on May 12th, with the following notation:

It is with satisfaction that I affix my signature to the Nurse Practice Bill on this, the one hundredth anniversary of the birth of Florence Nightingale.

It is my belief that this legislation will be a benefit not only to the nurses, but to the entire public of this Commonwealth in designating and licensing persons competent to care for the sick and injured. I believe this bill is a distinct forward step for the preservation of public health, and on this anniversary of the birth of that wonderful woman, who is really the founder of the profession of nursing, it gives me great pleasure to have the opportunity of thus taking part in commemorating the great service which she and her followers have rendered to mankind throughout the world.

This country in common with all others can never repay the debt of gratitude that civilization owes to the "Rose of No Man's Land," our own Red Cross Nurse.

(Signed) ALFRED E. SMITH,

Governor of the State of New York.

The following comments on the provisions in the bill are by Dr. Augustus S. Downing, Assistant Commissioner of Education, and were written for this magazine at the request of Miss Palmer. They were, we believe, the last *Journal* material to which she gave her consideration:

The bill virtually divides into two classes those who may be licensed as professionally trained to care for the sick and so advertise themselves. The first group is composed of trained, certified, graduate and registered nurses, all of whom will be known as registered nurses. The second group will be trained attendants.

The bill provides for the annual registration of such registered nurses and such licensed trained attendants, so that after a few years at least, the public will be informed as to the qualifications of these two classes, and any individual person or family desiring some one to care for the sick will know what persons in their vicinity are licensed as registered nurses and as trained attendants. The bill calls for an annual publication of the names of those licensed as registered nurses and as trained attendants, and in a little while, commercial agencies will register only those who are licensed in one or the other of these classes, and such lists will be available at every point in the State.

The waiver clause is so broad that no injustice can possibly be done to anyone who has made nursing her occupation, and if they have had a reasonable amount of professional training and added thereto by experience, they are provided for under the waiver clause. This is true as well of the waiver clause for trained attendants.

The providing of the class of trained attendants who shall have had at least nine months training and shall have completed a course of study approved by the Board of Regents will have the effect of greatly relieving the shortage of those qualified to take care of the sick. When we shall have a number of licensed trained attendants to care for those who are not critically ill or those who are

convalescent there will be released a large number of nurses for service that demands the more complete and thorough training which the registered nurse possesses.

The trained attendants will be a very material aid in public health nursing. Where public health centers are formed and the head nurse in such center is a registered nurse, she can with good results direct the care of the sick by giving them trained attendants who shall be her assistants. Such arrangement will again release for other centers and for the more exacting service, the trained registered nurse. An indirect result and ever growing influence in public health nursing will come as the years go by through the creation of homes in many localities, because these young women will marry, have homes of their own, and will not only be able to properly care for the sick in their own homes, but in the homes of their neighbors as well; so that there will be an ever widening influence in the interest of better public health through intelligent prevention of sickness.

The bill in its administrative features makes it far more capable of administration of the law in the interests of the public. The present nurse practice act contains no reciprocity clause whatever, and the only way in which a registered nurse from another State, whatever her qualifications may be, may come into this State to practise, is through examination. This year's amendments provide for an easy method of reciprocity between New York and those states that have virtually the same requirements for the registration of nurses as has New York. This bill will enable the licensing, through reciprocity, of a number of nurses from New Jersey, Pennsylvania, Ohio, Michigan, Massachusetts and Connecticut, the border states of New York, and such licensing would again have a tendency to remedy the present shortage of registered nurses.

The provision for the appointment of a nurse council by the Board of Regents, which shall be composed of three nurses, three physicians and three representatives of incorporated hospitals, is a wise amendment to the present nurse practice act, for there are really three parties at interest in the matter of nursing, namely, the nurses who do the nursing and are concerned for the interests of their profession, the people who are ill and must be cared for by the physicians who in turn hold the nurse responsible for the patient's condition during his absence, and the hospitals, which are charged with the responsibility of maintaining such conditions that the nurses in training may receive instruction and clinical experience that will not only conserve the interests of the sick in the hospital, but the public who need the care of a nurse.

The increasing of the board of examiners by two is another beneficent feature of the amendment for the reason that the present examiners have really more work to do than they can thoroughly accomplish. The increasing of the number will afford the needed relief to the board of examiners. The administration of the nurse practice act, so far as the nurse training schools are concerned, has been accomplished through the efforts of one inspector alone. But the number of schools has increased and the public have become more exacting in the qualifications of a trained nurse, with the result that one inspector has not easily given the schools the attention which they should have. By providing for a secretary to the board of examiners and an inspector as well, this particular amendment will insure a better class of nurse training schools and schools for training attendants as well.

The one bad provision of the bill is that which provides that the requirement for admission to a nurse training school shall not be advanced beyond one year of high school work prior to 1930. It is admitted that no such provision ought

rightfully to be inserted in any educational measure, but unfortunately a large number of the smaller hospitals and some of the larger ones for that matter insisted that the shortage of candidates for nursing was due to the fact that the preliminary educational requirement is already too high and that they had no assurance that if this bill should become a law the Board of Regents would not immediately advance the entrance requirements and thus create a situation more serious and difficult than even the present. This argument had been advanced year after year by the opponents of the bill, they going so far as to say that in a little while it would be as impossible to become a nurse as it is to become a physician; that the preliminary educational requirements would be advanced and the course of study lengthened so that there would be only a very select few who would be permitted to become trained nurses. It was suggested that there should be a date limit set, before which the educational requirement could not be efficiently advanced by the Board of Regents; and while it is bad legislative procedure, this amendment was acceded to with the full knowledge that any hospital board is competent to exact any preliminary educational requirement that it may see fit; that the Board of Regents never sets any but a minimum requirement. Had the proponents of the bill refused to accept the writing of such a provision into the bill, its opponents were ready to make much of the argument that they had made a proposition to the nurses as to preliminary educational requirements and the nurses were unwilling to accept it. This is really the only bad thing in the bill, and it is not so bad, as it is not prohibitory upon any hospital.

New Jersey: The nurses of New Jersey are also rejoicing in the successful passage of amendments to their Nurse Practice Act which provide for reciprocity, which place with the State Department of Public Instruction the power to determine the value of educational credentials, and which raise the fee for registration sufficiently to make the business of registration self supporting.

THE ISABEL HAMPTON ROBB FUND SCHOLARSHIPS

It is just ten years ago that Isabel Hampton Robb was taken from us by a sad accident. The fund that was started at that time in her memory has been steadily, if slowly, increasing, as the amount awarded annually for scholarships has never been allowed to encroach on the principal.

This year six scholarships of \$200 each are offered, and one of \$300. All these will be awarded to nurses who wish to prepare themselves for executive or teaching positions, either in training schools or in the public health field. The special scholarship of \$300 is for preparation in the teaching of practical nursing procedures, rather than for the teaching of theory.

An applicant must be a registered nurse and a member of the American Nurses' Association. Blanks may be secured from the secretary of the Committee, Room 613, Insurance Building, Rochester, N. Y. All applications must be in by July 1st.

The members of the Committee accepted with regret the

resignation of the chairman, Miss M. A. Nutting, who has served for five years in this capacity. She is succeeded by Elsie M. Lawler.

A SUITABLE GRADUATING GIFT

May we suggest to superintendents, alumnae associations, and others who may like to present each new graduate with a personal gift on commencement day, that the little book, *A New Cranford*, by Isabel McIsaac, makes a beautiful and appropriate gift? Although it was originally printed in a large quantity at a low cost, the paper, printing and workmanship are of the best, and the little essays are most delightful. This can be ordered through the *Journal*.

The *Journal* will also receive orders for the new book on Accredited Schools which has been eagerly awaited and is now in stock.

TWO CORRECTIONS

I.

The following letter refers to an editorial in the April *Journal* entitled, "Are Our Disabled Nurses Being Properly Cared For?" We are glad to give space to Miss Minnegerode's explanation as to where complaints should go.

I am writing in regard to an editorial which appeared in this month's *Journal* in regard to hospitalization for sick nurses. Inasmuch as some statements made in this editorial are incorrect, I request that you see that the corrections are noted in the next issue of the *Journal*. For instance, the statement is made that sick nurses who are not satisfied with hospitalization should notify me of the conditions under which they are hospitalized, as I am in direct charge of hospitalization of all sick nurses. They are also referred to Miss Noyes and Miss Stimson. I have absolutely nothing to do with the hospitalization of sick nurses. My only connection in this matter is my interest in reaching the nurses and assisting them to avail themselves of the treatment which the Government is willing to give them. Neither has Miss Noyes anything to do with the hospitalization of sick nurses other than her interest, and as far as Miss Stimson is concerned, these nurses have been discharged from the Army, and have no more connection with Miss Stimson than discharged soldiers would have with the War Department. The proper persons to whom the nurses should appeal, if they are dissatisfied with hospitalization, would be the Surgeon General of the U. S. Health Service or the Chief Medical Advisor of the Bureau of War Risk Insurance. Outside of the interest which Miss Noyes and myself both feel in the nurses receiving proper care, we neither of us have any authority in the matter.

LUCY MINNEGERODE,

Supt. Nurse Corps, U. S. P. H. S.

II.

Regarding the question of citizenship as a qualification for membership in the American Legion, a Canadian born nurse writes:

As we have several Canadian nurses in this district, the eligibility for membership in the American Legion was taken up with the County Chairman when

we were organizing our Women's Post. He quoted Article IV, Section 1 of the constitution and consequently many of these nurses applied and were accepted. Some had served twenty months with the A. E. F. We were, therefore, surprised to read in the *Journal* that only American citizens were eligible. Our secretary was asked to write to national headquarters for information. Following is a quotation from the letter from the National Adjutant: "Article No. 4, Section No. 1 of the Constitution of the American Legion states that 'Any person shall be eligible for membership in the American Legion who was regularly enlisted, drafted, inducted or commissioned, and who served on active duty in the Army, Navy or Marine Corps of the United States at some time during the period between April 6, 1917, and November 11, 1918, both dates inclusive, or who being a citizen of the United States, at the time of his entry therein, served on active duty in the Naval, Military or Air Forces of any of the governments associated with the United States during the Great War.' * * * It is our ruling upon this provision of the Constitution that citizenship is a prerequisite; for membership in the American Legion is limited to those who, being citizens of the United States, enlisted in any of the allied military forces. The first part of the article is interpreted more broadly as a grant of membership to 'any person who was regularly enlisted, drafted, etc.' The statement in the editorial comment of the *American Journal of Nursing* is, therefore, in error, in so far as it states that naturalization must precede application for membership in the American Legion by those who served in our Army."

Our interpretation of the article quoted above would be that citizenship is a prerequisite for those who served with the Allied forces, but not for those who served for the required period in the A. E. F. At any rate, the Legion stands for Americanization and it is hoped that, as our correspondent suggests, membership in the Legion will inspire its foreign-born members to become citizens.

CENTRAL HEADQUARTERS

The question of Central Headquarters for the American Nurses' Association was discussed at the convention, first in the Advisory Council, then by the delegates in a business session. By a majority vote, and it seemed to be unanimous, it was decided to establish central headquarters in New York City. The details and the question of financing the undertaking were not decided. The president of the American Nurses Association is to appoint a committee of three to work out the plans.

PICTURES OF MISS PALMER

The picture of Miss Palmer which is inserted in this number of the *JOURNAL* is from a photograph taken this past winter and is on a loose leaf, as many will like to have it framed, or to preserve it, after the magazine itself is discarded. Larger copies of this photograph, suitable for class rooms or libraries, may be ordered through the *JOURNAL* at \$3.25 and \$5.25, post paid. Purchasers should state in ordering whether they wish a gray or a sepia finish. This is an excellent likeness and all who knew Miss Palmer will be grateful that so recent a photograph is available.

PSYCHOPATHIC NURSING

BY DONALD A. LAIRD

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"Canst thou minister to a mind diseased?"—Macbeth.

It is only within fairly recent times that mental disorders have been comprehensively understood, even by those devoting all their energies to this field of human disease. Great advances have been made in the knowledge of unusual mental conditions within the last decade; causation, pathology, symptomatology, probable course, and treatment of pathological mental functionings are now more or less definitely determined, and furnish a working basis for the remedial care of mental cases. Unfortunately, however, the utilization of this knowledge is limited to a few specialists who are primarily interested either in research, or in the custodial care of the mentally afflicted. The general practitioner who is occupied with the endless round of his practice is too busy, and is not sufficiently interested in psychopathic conditions, to keep abreast of the developments in this special field and unless he is a recent graduate of one of the better medical schools, he has had no training in this specialty, except, perhaps, a few lectures by a physician from a state custodial institution, and the clinical material and experience, if any, have been very meagre.

Among trained nurses, as well as among physicians, mental diseases are insufficiently appreciated and a mental case, except in rare instances, is avoided or else taken only with an increased fee, and then with fear and trembling. The reason for this attitude is simple, but subtle. The difficulty does not lie with the patient, burdened with a mind that does not function the same as ours. The seat of the trouble is localized in us. This may seem to be a strange statement, almost paradoxical perhaps, but the cause for this unwarranted attitude taken by nurses, and practically everyone as far as that is concerned, toward the mentally diseased can readily be explained in terms of our inherited, traditional beliefs that have been handed down to this progressive generation from the dark ages.

A short historical survey will aid in the understanding of this attitude. The mentally diseased were thought of by the ancients as selected by the gods for special punishment and were tortured, ridiculed, shunned, and persecuted by the more favored members of society. Various nations used different means of violence to free themselves from the burden and care caused by these unfortunate and irresponsible victims of a mysterious and apparently

unaccountable affliction from the gods. The affliction came from the gods so, by the aid of cruelly ingenious means, life was destroyed and the spirit was sent back to the gods, that the curse might be carried out, without so burdening the nation. Among some of the less civilized nations of the present day the same beliefs are held to account for the presence of these individuals who are different, and the tribe avoids the burden by doing away with the undesirable members.

Those who were thought of as possessed of demons became objects of solicitude to the early Christians and were treated by them with kindness and compassion. What the ancients had considered a burden, now became a duty, through the ministry of the humble Man of Galilee.

In strange contrast to the ancient attitude, the mediaevals in general looked upon the mentally diseased as the specially favored children of God, who in their peculiar conduct and talk were acting upon revelations from the skies. They were regarded as amusing personalities and were treated in a frivolous manner. Many who would have been destroyed by the ancients now became the court jesters and mingled freely with all classes.

During the Renaissance, and with the advent of witchcraft, the lot of the abnormal again became most inhuman. All conceivable forms of torture were resorted to in the attempt to dispossess the evil spirit. Queer legends became associated with mental disorder, and what in the immediately preceding period was lightly considered now became mysterious and savored of the evil spirit. This is our heritage of superstition and misinterpretation.

At the present day, the discussion of mental disorder is almost tabooed by polite society, and serious reference to mental abnormality is avoided as tenderly as the family skeleton. There are several factors at work in the formation of this attitude which, it must be recognized, are very general. As has already been indicated, the causation of the mental condition is not generally understood, and as a result it is as difficult and as mysterious for the public to-day to comprehend, without prevailing upon the magical, as it was for the ancients.

This is generally true of all mental phenomena. There is something apparently mysterious, uncanny, and almost supernatural about it that entails wonder when the mental mechanism does not function harmoniously, and disturbances of thought and actions result. Closely allied to this factor is that of the odd sort of popular disgrace that is usually associated with mental disease. It is obvious at once that this feeling of disgrace is entirely unwarranted and that it is another vestige of our heritage.

Another factor is fear, which seems to be almost universally exhibited in the presence of the mentally disordered by those who do not have a familiarity with the actual behavior of mental cases. This fear has its origin along with the Salem witchcraft and is kept alive by occasional newspaper articles detailing a deed supposedly committed by a "madman." Almost without exception such articles are so written that they will prey upon fears already present, no matter how slight they may be, and cause a few nights of sleeplessness for timid people. This helps to increase the circulation of the papers.

The actual instances of conduct by a mental case that should warrant fear are indeed extremely rare. An infectious or contagious case is far more dangerous to the nurse. This is not simply theorizing, but has as a substantial basis the actual residence of the writer on a ward with forty so-called "disturbed" mental cases over a period of four years. It should be remarked in passing that at no time during this interval were mechanical restraints, such as the antiquated straight-jackets and screened beds, put into use.

True it is that unexpected emergencies arise, as with any nursing case, but they can be skillfully handled with no show of violence, if tact and a sympathetic understanding are held in reserve for such occasions.

Charles Mercier gives the following picture of the popular conception of a mental case, as contrasted with actual cases:

He is usually raving, shouting at the top of his voice, and smashing the furniture. When not in this state, he is controlling himself, and in the plentitude of his cunning—for he is no lunatic if not cunning—he is lulling the surrounding people into a sense of false security, until he can get a convenient opportunity of cutting their throats. Instead of a hat he wears straws in his hair, speaks of himself in the third person, and talks in ingenious and complicated parables.

It is hard to relinquish a simple faith that has grown up with us from childhood, and become part of our very nature; and for my part I shall never forget the shock it was to me when I took office in an asylum to find not one single straw sticking out of a single head in the institution. So far from speaking in parables—their language was as direct and forceful as that of any sane person. Having now spent many years in daily and hourly contact with the insane, the one fact about them which continually impresses me, with more and more conviction, is the wonderfully little difference that there is between them and other people.—Sanity and Insanity, pp. xv.-xvi.

Another of the important influences shaping the present day attitude toward our subject is the apparent hopelessness of recovery when the disease process is once under way. There is not a real justification even for this, for an increasingly large number of cases are being recognized as lending themselves favorably to remedial measures. It has been through inappropriate treatment, and inadequate and unsympathetic nursing, that so few recoveries have been

brought about in the past. The miracle is that so many have recovered with the care they received.

In aiding in the regaining of mental control, the nurse performs a dual service. Upon the nurse, who should be the constant companion and friend of the patient, rests the greatest responsibility for guiding the disordered mind back into its usual channels of operation. There are no specifics the administration of which will restore harmonious mental functioning, and even chemical restraints and sedatives have fallen into disrepute of late. It is now recognized that among the therapeutic measures, one of the most valuable is the adaptation of the environment to the individual needs, and indispensable as a part of this environment, intelligent and sympathetic people associated with the patient. It is almost impossible to overemphasize the valuable functioning of the mental nurse in effecting a recovery. A thoughtful attendance to the mental needs of the patient, and an understanding of the nuances of human nature, combined with a nurse's devotion to duty, will be the open sesame to the restoration of many a mental case to its former status.

Urgent as is the need for nurses in this field, and great as are the opportunities for service, it is surprising that there are so few interested in psychiatric nursing. In part this may be due to the peculiar sort of preposterous fear with which mental cases are regarded. In addition to this, a large number of nurses finish their training without ever having been in contact with a mental case. There are only a limited number of training schools, as a matter of fact, that make even a feeble attempt to give any training in the care of mental cases. An investigation recently made in California disclosed only four out of seventy-two.

This specialty was recognized as requiring special attention in 1880, when the first training courses in mental nursing were organized by Edward Cowles at McLean Hospital, Massachusetts, but the general response to the need by training schools and by nurses has been scarcely perceivable. As a result the care of these cases has been left to those poorly qualified, either by character or general nursing training, to hold the responsibility incurred in psychiatric nursing.

There are in the United States over 200,000 mental patients. At the beginning of 1919, there were only some 1,800 trained nurses engaged in psychiatric nursing. It is evident that these trained nurses could care for only a small fraction of the cases, and the natural and actual result is that most mental cases are nursed by those without training, and, except in rare instances, not provided with the sympathetic mental attitude so essential to successful nursing, and scarcely

better equipped to care for live stock than for human beings. As a consequence of this inadequate nursing care the total number of mental cases is kept high, whereas with proper nursing there is not a doubt but that the total number of cases could be reduced very materially through the recoveries incident to appropriate psychiatric nursing.

A Macedonian call comes from these mental patients. Loyal to the altruistic ideals of their profession of ministering to the needs of the ill of body and mind, can the trained nurse turn a deaf ear and an unresponsive heart to the call to psychiatric nursing?

THE TRAINING OF ATTENDANTS

BY AGNES S. WARD, R.N.

*General Superintendent of Nurses, Department of Public Welfare
New York City*

In the Department of Charities of the City of New York there are several large institutions where special classes of patients are cared for. These are the Neurological Hospital on Blackwell's Island for the care of neurological patients, the Children's Hospital on Randall's Island for the care of defective children, and Sea View Hospital, on Staten Island, for the care of tuberculosis cases.

In all these institutions, prior to last year, the sick were cared for by untrained attendants. A year ago, a careful survey was made to determine how large a percentage of the work in these hospitals was such as to require real nursing service. It was found that, with the exception of the Children's Hospital where two-thirds of the work was custodial, the patients in these institutions really required a good deal of such attention. The system of caring for them by the untrained attendant seemed antiquated and inadequate.

There could be little question about the definite need for some change which would give to the inmates of these institutions more modern care. As there was not a sufficient variety of work to make it possible to establish schools of nursing, schools for attendants seemed to be the solution of the problem.

In considering the establishment of these attendants' schools, our first thought was to eliminate the hospitals where there are schools of nursing and to eliminate, also, the institutions where there is not enough nursing to justify the attendants' course. We excluded, therefore, the custodial part of the Children's Hospital and the Home for

the Aged;—these groups are cared for, as heretofore, by the untrained attendant.

There was a good deal of discussion as to the length of the course. It was finally determined to have a nine months' course, with three months of post graduate work, the post graduate work to be taken in any of the institutions maintaining an attendants' school. We adopted, with slight modification, the outline of theoretical work recommended by the committee appointed by the National League of Nursing Education. The following is a brief outline:

Elementary Nursing	25	hours
Cooking and Dietetics	20	"
Hygiene	10	"
Care of Children and Infants.....	5	"
Care of Chronic and Convalescent	5	"
Accidents and Emergencies.....	5	"
		<hr/>
		70 hours

For a text book we are using Practical Nursing, by Louise Henderson, and find it well adapted to our needs.

In the nine months' outline there is no work in *Materia Medica*. In the post graduate work it seemed advisable to give something in *Materia Medica*, using the simple drugs which almost any one might administer. The following is a brief outline of the post graduate work:

<i>Materia Medica</i>	10	hours
Advanced Practical Nursing.....	8	"
Ethics and Etiquette.....	7	"
		<hr/>
		25 hours

On July 1, of last year, two of these schools were opened, and on January 1, a third school was opened. Because many of the attendants who were in these institutions had been there for a considerable period, and had been faithful, we allowed all of those who wished to do so, to enter the first class without making any change in their salaries. A large percentage of them entered the classes, but nearly half of them have dropped out. The education did not seem to appeal strongly to them.

The original plan was to have these attendants' schools only in institutions where there was not sufficient variety of work to permit of having a school of nursing. There is, however, a general hospital—Greenpoint Hospital, Brooklyn—with an excellent acute service where there is no school of nursing, and where such a school might

fittingly be established. The present general shortage of nurse applicants seemed to make it inadvisable, for the moment, to start another school of nursing in the department. It was not possible to get a sufficient number of graduate nurses to carry on the work in this hospital, and it became necessary to look elsewhere for the solution. After much deliberation, therefore, the decision was made to open an Attendants' School on April 1, this year. It is hoped that the excellent service which this institution can give will attract an ambitious class of young women who, for many reasons, are unable to give their time to the longer course.

We pay them, during the course of training, \$33.00 per month; we also supply uniforms, books, and, of course, all living expenses. This may seem like a good deal to give during training; there are certain things to be borne in mind, however: the work is largely practical and not very attractive, in most of the institutions; then, too, the majority of these young women cannot expect financial help from their families,—in fact, some of them must contribute to their families' support, some even have those who are entirely dependent upon them. We must not overlook, either, the fact that alluring opportunities are open to these young women in the commercial field. If we fail to make it possible for them to take the course with some fair degree of comfort, we shall probably find that not any large number will be interested, and the problem of the care of these special classes of patients will still be unsolved.

It has been interesting to note that a number of the people who have come in since the opening of the schools have been younger, more alert, and more ambitious than those previously employed. A fair percentage of these women have had a grammar school education, or the equivalent, others left school after the completion of the sixth or seventh grades; they are mostly between the ages of 21 and 28 years. We have, however, one woman of 50, who came to us from a distant state. We believe that later we shall have a fair percentage of older women. Before coming to us, some of these people have been assistants in doctors' offices or in sanitariums, while others have been doing practical nursing in private homes. Women who married early and have now lost their homes are attracted by the course, as are milliners and dressmakers who are seeking a broader field of activity but who do not have the education to enter a school of nursing. Perhaps not more than one of the attendants in these classes could meet the educational requirements for a school of nursing; a number of them are ambitious, however, and are planning to make up the required Regents' counts and enter such a school later. Some of them did go to evening school during the early part of their training, but

found it too hard, and were obliged to give it up. It has been most astonishing to us to see how eager and attentive they are in the class room. We believe they have all tried to get the fullest benefit from their theoretical work. In spite of this apparent eagerness to learn, however, some of them have had a good deal of difficulty in mastering even the simple curriculum.

There will always be, in these schools, probably, a rather large percentage of women who will find the class work a burden and who, after the completion of the course, will settle down to routine institutional work as being the line of least resistance. It is too early to judge what the majority of them will do after graduation. The present classes are hardly fair examples from which to make deductions. Even from these classes, however, it seems as though about ten per cent. will endeavor to make the Regents' counts which will enable them to enter a nursing school. In one school the entire class of nineteen will take the post graduate work; in another school, those who are going to work for their Regents' counts very wisely decided not to take the post graduate course, but to begin at once the other work.

The private duty field will, doubtless, appeal to many of them. There is a very real need in the community for a less costly nursing care which, in chronic and simple cases, the trained attendant should be able to give. Here, more than elsewhere, however, there will be need for legislation that the public may know the difference between the trained attendant and the trained nurse. With such legislation, the attendant can render valuable service without in any way infringing on the work of the nurse.

Another phase of this work is the opportunity which it will give to women who, through no fault of their own, have not had high school work. It will give opportunity, too, to the women, no longer young, who wish to broaden their sphere of usefulness, but who would be unable to stand the strain of the longer training of the nurse.

As we did not have opportunity for publicity before opening these schools, the applications have come in very slowly. We had felt that we must depend largely on New York City and the surrounding districts for our material. We were astonished, therefore, when in response to a short article which appeared in some of the papers, we received applications from distant states. As the result of this article we have in one of our classes a pupil attendant from Illinois and one from Ohio. We shall probably find, when it becomes better known that such courses have been established, that we shall have applicants from all over the country, just as we have them for the schools of nursing.

VINCENT'S ANGINA OR TRENCH MOUTH

BY IRENE MORTON, R.N.

Colorado Springs, Colorado

During the past few months there have been a number of cases of Vincent's Angina or "Trench Mouth" under treatment at this office and a great deal of it, in town. The dentists and doctors working together with the city health officers, are doing their utmost to prevent any further spread of the disease. Because this is strictly a tourist town during the summer months, and hundreds of people come here from all over the country, it is impossible to prevent epidemics from appearing. Only by means of the strictest regulations on the part of the city health department are such epidemics prevented from being spread broadcast.

Here are a few facts about Vincent's Angina, that I gathered during the recent campaign against the disease that I, as a nurse, did not know, and which I think other nurses may be glad to know. Vincent's Angina is an infectious and contagious, ulcerative stomatitis due to the activities of the bacillus fusiformis and a long, thin spirillum easily identified by a microscopic or bacteriological examination. The two forms of microbes are invariably present at the same time. A microscopic examination will distinguish the bacillus from the Löffler or diphtheria bacillus which it somewhat resembles. The bacillus is sometimes found in healthy mouths, but is active only in cases of lowered resistance of the tissues. The most common source of communication is through the use of dishes which have not been thoroughly sterilized after being used by one suffering from the disease.

The onset of the disease is sudden and is characterized by considerable pain in the gum tissues, slight fever and a general debility. Surrounding the necks and between the teeth, more frequently the incisors and the third molars (it may be about only one tooth) may be found an irregular shaped, grayish or yellowish white necrotic membrane. Upon removal, a painful, freely bleeding surface is revealed. Mastication is painful and, if a large area is involved, practically impossible. The gums become a dark red and have a puffed appearance. If not checked in an early stage, there is sloughing of the tissues around the teeth. There is a general soreness and loosening of the teeth.

The disease also attacks the cheeks, lips, tonsils and larynx. The entire mouth is congested extending to the tonsils, fauces and soft

palate. One young lady suffered from a supposed attack of tonsillitis for almost a week before the disease was recognized. She carried a temperature of 102 degrees, with aching of the muscles and joints, tonsils red and slightly enlarged, with white patches here and there.

On the western battlefronts, "trench mouth" was one of the most common disabilities of the soldiers, incapacitating them for from three days to three weeks. There was some of it in the camps in this country.

One unfortunate thing about it, is that it will seemingly be entirely cured and will suddenly break out anew in another part of the mouth. While it is not pyorrhea, it may leave the gums in such an impaired condition that pyorrhea will readily follow.

The belief that the disease was due or was present more often in uncared for mouths has not proven true in this country. In the trenches the men were, of course, unable to observe the rules of sanitation, but here the disease is frequently found in the mouths of people who take excellent care of their teeth at all times. One young man, who has always taken splendid care of his teeth, traveled all over the war zone as a newspaper correspondent for eleven months without a trace of the disease. After he had been back at home for six months, he developed it in a most pernicious form. The only source to which he could attribute it was the use of glasses at soda fountains.

The treatment consists of first cleansing thoroughly the field of infection with peroxide undiluted, then cauterizing the places of attack with a solution of equal parts iodine and phenol. In advanced cases, a saturated solution of silver nitrate is used, and a 5 per cent. solution of sulphuric acid. Using a strong solution of soda to rinse the mouth directly afterward, has been found effective. A mouth wash of 3 per cent. peroxide is ordered before and after eating, and a nourishing diet of liquids and soft solids. The diet is very important, if healing is to take place properly. All mechanical irritation, such as brushing the teeth or eating hard toast is discontinued until one is fully cured.

INFANTILE PARALYSIS—AFTER EFFECTS AND TREATMENT

BY CARRIE WEBSTER, R.N.

Victoria, B. C.

Acute anterior poliomyelitis, or infantile paralysis, as it is ordinarily called, is an acute inflammation of the anterior horns of the gray matter of the spinal cord. The inflammatory stage lasts from four to six weeks. It is most common among children of two to three years of age, and in severe cases produces a paralysis of groups of muscles. The onset is sudden and the paralysis is usually most extensive in the beginning, a certain amount of improvement taking place subsequently. The affected muscles atrophy rapidly, the reflexes in them are lost, and reaction of degeneration develops. From contraction of antagonistic muscles, deformities occur later in life.

This disease has increased with remarkable suddenness in the United States within the last decade. The observation of a large number of cases in northern Europe and more recently in this country proved that it is a disease of communities and not of individuals. This disease seems to exhibit a tendency to recur with greater severity in alternating seasons and investigating authorities have noted that there was almost invariably a comparatively complete immunity from the disease during a year following a season of unusual severity.

The contributions of laboratory workers all over the world—notably in this country at the Rockefeller Institute—by Flexner, Lewis, Clark, Noguchi, and others, were of great benefit. This work established the infectious character of the disease by transferring poliomyelitis to monkeys and identifying the experimental poliomyelitis of monkeys with the epidemic and sporadic disease occurring in man; thus the infectious agent could be studied and the mechanisms by which it invades the body and thrives there. Among many other important points established, these studies have disclosed the development of immunity principles in the blood of man and monkey and devised a test for their existence in the blood serum. These studies have shown that the infectious material has egress from the body through the nasal mucous membrane and the intestinal tract; that insects may be passive carriers of contagion, and that human beings themselves, although well, may yet transmit the disease.

Paralysis among various domestic animals has been reported coincident with or just preceding epidemics of infantile paralysis among human beings. Many of the reports are of doubtful

authenticity, but contain enough of fact to make them worthy of investigation.'

The name "Infantile paralysis," in the light of recent investigations, is a misnomer, as we have learned during the epidemics in the United States that adults as well as infants are attacked and often with greater severity. It has been observed also that parallel with the cases of paralytic or the more newly recognized cerebral meningitic forms of the disease, there were certain cases which progressed up to a certain point in identical fashion, but which did not develop any of the severe nervous symptoms or paralysis and which recovered. These so-called abortive cases were recognized with considerable frequency and the addition of this class of cases widened the view greatly.

The epidemic of 1916 more clearly demonstrated what was already known with reasonable certainty, namely, that the number of comparatively comfortable patients of poliomyelitis probably equals those who are manifestly ill with the disease, and that the disease exists in stages comparable to the generally accepted course of such a disease as measles or smallpox, i. e., an incubation period, a period of early symptoms, a latent period, and a period of invasion. The period of incubation is usually short—one, two, or three days. The early symptoms may easily be mistaken for indigestion or grippe, after which, as mentioned before, many cases are convalescent with no paralysis or other complications. A blood test in these cases, however, shows an immunity to the disease.

Quoting from an article on The Early Recognition of Poliomyelitis, by Royal Storrs-Haynes, M.D.:

The knowledge we possess of Poliomyelitis is extensive and has been a part of medical literature for years. It has seemed, therefore, that the generally confessed ignorance, which was so prominent a part of the lay and medical writings of last summer, was unnecessary; it was the ignorance of not having used the knowledge available. It created greater alarm on the part of the general public than was necessary or right. Even imperfect as the knowledge claimed was, it was quite as great as we possess of scarlet fever, over which disease we seldom become hysterical.

In our clinical work we often find children who have had an attack of poliomyelitis with some other disease such as measles or scarlet fever, which is not recognized until the paralysis is noticed later. The second group of symptoms, and often the only ones noted, consist most frequently of high fever, vomiting, patient extremely sensitive to touch—especially the skin and muscles of the back—stiffness of neck, rigidity of spine or of a set of muscles of the extremities.

¹ Note: See Investigation of Dr. Theo. Smith, of Harvard Medical School.

² Archives of Pediatrics, June, 1917.

Treatment.—With few exceptions, patients seem more comfortable without a pillow under the head. The child should be moved only when absolutely necessary during the early acute stage of the disease, as pain upon handling and upon motion is often extreme. Owing to their inflamed condition, the nerve cells of the anterior horn of the spinal cord should be given all possible rest and not overburdened with sensory impulses which they cannot properly transmit into motor activity without further injury. The nurse should, when changing the bed linen, lift the child from the crib and place it upon a table or empty bed, as turning from side to side is extremely painful. Great care should be used in supporting the whole body, and not allowing the paralyzed limb to drag. A child should never be lifted by the feet, even to adjust a napkin, as anterior flexion of the spine causes excruciating pain and may result in permanent deformity.

In no other acute disease must the respiratory movements be so closely watched as in poliomyelitis. Any change in type of breathing should be considered as of grave prognostic significance in spite of the fact that there is very little change in pulse and temperature. Paralysis of both diaphragm and abdominal muscles of respiration leads invariably to a fatal outcome, but when the intercostal muscles are completely paralyzed and the diaphragm only slightly so, it is possible to maintain the respiration by various artificial methods and the use of oxygen, until nature is again able to assume control.

Pressure sores are not characteristic of this disease, but every precaution should be used in guarding against them, such as keeping the child well nourished, all bony prominences watched and protected to see that the skin surfaces do not lie in contact. This latter point is to be guarded against in the spastic encephalic variety, where the fingers are flexed upon the palm and there is a tendency towards ulceration. Different solutions may be used as are often suggested, but equally good or better results may be obtained by gently washing the part with a mild non-irritant soap and water, following with very gentle massage.

Hot baths are of great value in the treatment of poliomyelitis. The beneficial influences seem to be derived in several different ways: they refresh the patient and tend to calm the nervous excitability so commonly present; the circulatory system in general is stimulated, and of particular value is the local effect upon the cutaneous capillaries of the paralyzed part. Bringing the blood to the surface lessens also the congestive condition of the tissues of the nervous system; most important, however, the buoyance of the warm water enables the child to move more easily and possibly with less pain than under other circumstances and thus entices him to make movements he

probably otherwise would not attempt. A blanket or two may be folded and placed in the tub with an air cushion for the child's head. The temperature of the water should be between 97 and 100 degrees Fahrenheit. It will be found helpful to have a rubber ball, a toy balloon, or some such toy, floating upon the surface of the water, which will help to entertain the little patient. The baths should be given once or twice in twenty-four hours, according to reaction previously obtained. Their duration should be from 20 to 30 minutes. A cold water bath is not advisable, as the circulatory system is often already in such a condition that the shock may be decidedly detrimental.

In Dr. Regan's report of treatment of 1798 cases during the epidemic in New York City in 1916, he describes the beds used as consisting of blanket mattress on a woven wire spring which provided a level and firm support. A spring which sags, or a mattress worn in the center, would do harm by predisposing to faulty positions and hence to deformities, especially to those of the spine. The pressure of covers must be guarded against very carefully, as they have a tendency to increase "toe drop," a deformity which is relatively frequent.

Epidemics occur most frequently in the summer, so it seems practicable to use outing flannel gown or pajamas and warm stockings instead of covers; it is less irritating to the patient and an additional advantage lies in the fact that it is possible to continuously observe the feet and legs—a valuable consideration in poliomyelitis. A light wool blanket may be kept folded at the foot of the bed for use at night. If heavier clothing must be used, it is well to provide a wooden or wire cradle to protect the feet from the weight.

Rest is an all-important part of the treatment. Place as comfortably as possible in a quiet room so as to exclude all noises and bright lights. Sleep should be thus encouraged, for the entire nervous system is concerned in the inflammation, and the less demands made upon it at this period, the better the ultimate outcome will be.

Diet.—A good diet for children over one year of age consists of milk for the first three or four days, then bread and cereal may be added, and usually after the seventh day the child may be given a full diet consisting of everything but meat. Soup and custards may be given, and once a day apple sauce or prunes.

Children show loss of appetite early in the disease and feeding is not crowded, but as soon as practicable the child is fed according to his individual needs. Many writers mention the inordinate appetite observed in convalescents. There is practically no danger in giving a full diet early in the disease, because nephritis is an almost unknown complication.

Inability to cry indicates the bulbar or facial type of the disease. The muscles of the pharynx and esophagus are sometimes involved in the paralysis and it is with great difficulty that these patients are fed. Where in addition to the muscles of swallowing, there is marked respiratory difficulty, the nutrient enema is often found superior to the introduction of the stomach tube. Six or eight ounces per feeding, dependent upon the age, should be given at six-hour intervals. If the artificial introduction of food has to be employed as long as a week or ten days, it is advisable to alternate with the gastric gavage, if the respiratory symptoms permit this course of action.

Retention of urine is unusual in the younger children. When it does occur, it commonly yields to palliative measures. With older children and adults, this complication is more frequent and we have to resort to catheterization.

In many cases lumbar puncture affords symptomatic relief as a therapeutic measure. When there are stupor, twitchings, convulsions and respiratory embarrassment, lumbar puncture is important. It is reported that few deformities develop where patients are kept under supervision. It is very important to keep the limbs in correct position, whether the patient is lying, sitting, or standing; as in toe drop, hip or knee flexion, claw fingers, shoulder drop, dropped wrist, etc. Excellent results may be obtained from the use of improvised splints of card board, slings, pads, adhesive, tape, plaster shells and covered bricks. A stretched muscle loses power of contractility. Braces should be made as light as possible and should be supplied immediately when the body weight-bearing tends to produce strain or deformity.

It must be borne in mind that there is on the part of nature a tendency present in each case towards *spontaneous improvement*. This encouraging feature may be active for months and even years after the disease. It is stated, however, by a masseuse at a children's orthopedic hospital that more can be accomplished within the first two years than during the next ten. The extensor muscles are more often involved than the flexors and most frequently those of the leg. The involvement of one leg is more complicated than if both are affected, as the shortening of one leg causes lateral curvature or scoliosis. When the extensors of the hip are paralyzed, the flexors are stronger and cause bending forward or lordosis.

Kyphosis or hump-back is an involvement of the shoulder muscles, causing the head to bend forward. The extensors of the front of the leg becoming involved, allows the tendo-Achilles to contract and remain so, deforming the foot and causing the patient to walk on the toes. The treatment has three important points—to prevent

deformity, to strengthen the muscles, and to promote nutrition. The treatments are passive, assistive and resistive.

No massage is given until all soreness and sensitiveness are gone. Before beginning massage, the child should be placed in a hot bath or in an electric baker, as paralyzed feet and legs are always cold and the muscles respond slowly unless heat is first applied. The nurse takes advantage of the spontaneous impulse of the nerves to act. After first getting the attention of the child, she gives the command and assists sufficiently so that there is no mental effort lost on his part, and a smooth continuous movement is made and the normal arc is performed.

In giving the assistive and resistive treatments, care should be used not to tire; have the last movement as strong as the first. Over fatigue is the greatest detriment to improvement and is the hardest to guard against. This is especially true when children are treated in the home.

In Chicago, the care of poliomyelitis children is unique in that all treatments are given in the home. Seven nurses are employed for this particular work, supervised by Alice Pastridge, formerly assistant to Dr. Lovet of Boston. The Health Department of Akron, Ohio, also reports the work established by a nurse whom they sent to Dr. Lovet for this special training.

The mentality in poliomyelitis is in no wise impaired, with some possible exceptions in the cerebral types. This seems a special dispensation of Providence, as we sometimes find the poor little bodies so hopelessly deformed. The children, as a rule, are so optimistic and cheerful that it is a pleasure to care for them.

The portal of entry of the virus is the mucous membrane of the upper respiratory tract, hence we can readily see that a cap and gown to protect the hair and dress, and disinfectants for the hands, are not sufficient. A good prophylactic measure is the use of 5 to 10 drops of a 10 per cent. argyrol solution in the nose, so that it reaches the pharynx, three times a day; also the employment of the mouth and nose mask when waiting on the patient.

The estimated number of paralysis cases during an epidemic is 49 per cent.; the number of fatalities 10 per cent.

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WHAT I DID TO OVERCOME THE HABIT OF WORRYING

BY ETHEL WEBB

Walton, N. Y.

I suddenly realized that I had formed the habit of worrying, and I found each day I was picking up more and more to worry about until my burden was fast spoiling not only my health and life, but also the lives of others more or less intimately associated with me. I was honest enough with myself to confess that it was an unwise and ungenerous test of affection to compel my family to put up with my moods, if my cares were more or less imaginary.

I sat down with a pad and pencil and set down in black and white the things that I was worrying most about, and it proved to be a long list. Then I sorted that list and put into one group my daily anxieties; in another group, the things I was afraid might happen. I discovered the keynote to all my trouble was fear, and no matter what happened, reality was never as dreadful as my imagination and fears painted it.

I sealed the lists in two envelopes and put them away for one week, and set myself the task of forgetting my worries. I knew there must be happiness and contentment in the world and I resolved to find some. I would learn to forget all unpleasant things, for possibly my very attitude toward life was drawing these causes of unpleasantness to me; I would find out. At least I would not worry about what I could not help or hinder, and would let to-morrow's burdens wait until to-morrow.

At the end of a week I opened the envelope containing my daily worry list and found at least half the things I was bothering about had never happened; some of the things that did happen proved to be

blessings; a part of the other things I had forgotten, and the rest had no power to hurt me. At the end of a year I opened the remaining envelope, but by that time I had learned to overcome my habit of worrying, for like most bad things it proved to be only a habit.

I wish to say that there is a lot of happiness in every human being if he will only give it a chance to come out. If necessary, scrub your memory every morning and start each day with a clean, white page. Don't fret over your mistakes, but learn to profit by them. Happiness must be cultivated, it is not acquired by chance or accident. If we can learn to forget all irritating things and smile, we shall not have a chance to worry.

Furthermore, worrying brings on all sorts of nervous troubles and in time will make the victim positively ill. It breeds unhappiness and discontent, and creates an atmosphere that is likely to poison one's whole life. Face life bravely, learn to smile.

"Learning to forget, and to overcome the habit of worrying," in ten lessons, would be one of the finest courses that men or women could take, and one of the most beneficial to one's health.

A NEW UNIVERSITY AFFILIATION

A decision has recently been made by the Corporation of Yale University providing for the affiliation of the Connecticut Training School for Nurses of the New Haven Hospital, with the School of Medicine of Yale University. For two years the medical and bedside clinical instruction of the student nurses of this historic training school has been given by the faculty of the School of Medicine, but until now the affiliation has not been recognized officially.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

THE FLORENCE NIGHTINGALE CENTENNIAL

Word comes from all parts of the country, telling of plans for the celebration of the Nightingale Centennial on May 12th. They are taking the form of large public dinners, church services, tableaux, and lantern talks, and it is hoped before the year is out, to have some pageants and plays. Several of the prominent magazines are publishing articles on Miss Nightingale, among them *The Nation*, *The Literary Digest*, and *The Delineator*. The moving pictures are featuring the celebration, the schools in many cities will have special talks during the month on Miss Nightingale and nursing, and the libraries are preparing to furnish readers with books both about her and by her. The movement, altogether, seems to be going forward in a very promising way; it will be continued throughout the whole centennial year.

If the celebration meant nothing else, it would be well worth while for the sake of the numbers of people who are getting a new acquaintance with and a new admiration for the founder of modern nursing. It seems particularly important that pupil nurses should have a chance to get some of the inspiration that comes from the story of her life and that they should have the joy of reading some of her fascinating books and articles. It is amazing to find numbers of graduate nurses who have never heard of *Notes on Nursing* and who still have the most hazy idea of who Miss Nightingale was and why her name is so honored, not only in her native land, but here in America and the world over.

To superintendents of nurses and teachers, her writings are a perfect mine of information. No one has ever begun to get down to the bottom of things as she did, to separate the essential from the non-essential, in education, in administration, in nursing itself. Her clear and vigorous English, her sparkling wit, her hard "horse sense" and the touch of satire which runs through all her writings, make her a joy to read.

One of the dominant impressions which we get from her life was her passion for work and her profound belief in the necessity for long, thorough preparation for one's work. Perhaps this last is one of the best of the many lessons she has for this generation.

The following extracts from an unpublished letter to an American gentleman, in 1866, repeat in a slightly different form, ideas which she constantly brings forward in her books and articles:

But I would also say to all young ladies who are called to any particular vocation, qualify yourselves for it as a man does for his work. Don't think you can undertake it otherwise. No one should attempt to teach the Greek language until he is master of the language, and this he can become only by hard study.

If you are called to man's work, do not exact a woman's privileges,—the privilege of inaccuracy, of weakness, of muddled heads. Submit yourselves to the rule of business, as men do, by which alone you can make God's business succeed; for He has never said that He will give His success and His blessing to inefficiency, to sketchy and unfinished work.

But to all women I would say, look upon your work, whether it be an accustomed or an unaccustomed work, as upon a trust confided to you. This will keep you alike from discouragement and presumption, from idleness, and from overtaxing yourself.

If I could really give the lessons of my life to my country women and yours—(indeed, I fain look upon us all as one nation) the lessons of my mistakes, as well as the rest, I would; but, for this there is no time. I would only say work,—work in silence at first, in silence for years,—it will not be time wasted. Perhaps in all your life it will be the first you will afterwards find to have been best spent; and it is very certain that without it you will be no worker. You will not produce one "perfect work," but only a botch in the service of God.

HOW TO RECRUIT MORE QUALIFIED WOMEN FOR TEACHING AND EXECUTIVE POSITIONS¹

BY MAUDE LANDIS, A.B., R.N.

Superintendent of Nurses, Connecticut Training School, New Haven

Generously, unselfishly, the training schools have supported all propaganda that secured for our nurses who had served overseas and had returned wearied and restless, and for those who had served at home, all possible benefits of graduate instruction and nursing service, which took the form principally of Public Health Service. The training schools included in their curricula introductory courses, and stimulated interest among the undergraduates by arranging Public Health affiliations for this very necessary constructive and reconstructive measure. Nor have we ever begrudged its popularity, but it has established definitely the fact that we must, by some similar method of appeal, attract qualified graduates to assist us in the development of our training schools as educational institutions, so that we may be able to continue producing properly trained women for the many nursing activities.

In the past, too often our students have, on graduation, drifted into institutional positions by way of head-nurse-ships in the larger

¹ Extracts from a paper read at Teachers College Alumnae Conference, February, 1920.

hospitals, or as subordinate administrators in the smaller ones, but we can not leave to chance such potential educators and executives. We must so fill our positions with qualified women, that their example, professional, ethical and technical, will prove incentives to our students in training "to go and do likewise." We must so dignify our training school positions that they will seem worth while. We must so acknowledge the talents of those occupying them that they will more generously and spontaneously coöperate and build.

The training school performs a dual function: that of administration in the care of the sick, and that of instruction of students in training, thus furnishing positions with interweaving responsibilities. But what official status do we grant those occupying these positions?

Early this winter, it was considered necessary by our own institution to have as nearly as possible up-to-date information concerning what other training schools were doing and planning and paying, etc., and among the questions asked of 75 schools was one, "How many graduates are in your training school office? What positions?" Sixty-one replies promptly came back, and among these only 21 mentioned the night supervisor, and yet the administrative versatility, the teaching responsibility and the personality required for such an office can be looked for only in a most unusual woman. That this might have been an error of omission is not likely, for we know of many institutions where the night supervisor's place, even in the dining room, does not carry the official recognition her position should warrant.

I wonder, too, just what is our recognition of the instructor's position. She has studied and prepared herself, at great expense and with much sacrifice, to teach what we deem essential for the proper instruction in the training school, but when she becomes one of our staff we restrict her privileges; we direct her schedule in too small detail. She often feels she is a "fifth wheel" and robbed of her initiative, she loses her enthusiasm.

The living accommodations play a big part in the contentment of institutional workers. An attractive single bedroom, modestly though comfortably furnished, well lighted and ventilated, offsets a worrisome day. Convenient suite arrangements are worth considering. For the head nurses, a commodious general reception room with kitchenette privileges is desirable. I am inclined to think that were we to have a new nurses' home, and could we keep one of our present dormitories, I should not have the "white nurses,"—staff nurses—live in the new home, a certain class distinction being important psychologically.

And what about "on and off duty" hours of our training school people? We have to face the fact that the heavy responsibilities of our schools, on and off duty, are discouraging many wonderfully capable women, and forcing them to seek positions where they may specialize in some phase of nursing activity, and yet have enough time to themselves to feel and act normally.

It should be the rule that daily and weekly off duty hours are observed, with a whole day off occasionally. The teachers and executives should be active members of nursing organizations. There should be frequent opportunities for them to attend local, district and state meetings and even national conventions, especially those that may be held in the immediate vicinity. Contact with other people with the same problems, the opportunity to visit other institutions, the information that comes by word of mouth through the presentation of papers of current interest, different scenery in general, even the car ride, and temporary freedom from responsibility, break the crushing monotony, bring back the old time enthusiasms and the nurses return all the better satisfied with their own positions and desirous of rendering better service.

As to the matter of salaries, I am not prepared to state amounts, these days, but since the dollar of a few years ago doesn't have the same value to-day, the salary for the position should be increased proportionately. Institutional positions include maintenance which now is a big item. It might be well to estimate this cost, since logically this is a part of the salary, as is also the hospital and nursing attention, in need. There should be a definite increase, small though it may be, at stated times, perhaps every six months.

It may be of interest to know the range of salaries with maintenance that are being paid by the 75 hospitals to which our questionnaire was sent:

Night supervisor, \$50 to \$30, (two give \$30, one \$100, one \$125)

Head nurses or supervisors

General wards, \$45 to \$30

Operating rooms, \$45 to \$100 (one gives \$110, one \$125)

Obstetrical wards, \$50 to \$30

Private wards, \$30 to \$30, (one gives \$125)

Children's ward, \$45 to \$30 (one gives \$100, one \$125)

Dispensary, \$40 to \$30, (one gives \$100, one \$125)

Private nurses, \$4 to \$5 per day, in some localities; some on 12-hour duty, others on 24-hour.

The basis of intelligent coöperation and successful administration is the understanding of common problems. That each teacher and executive may enjoy her own share in the progress of the school and live up to it enthusiastically, frequent discussions as to its policies

should be planned for. Conferences with educators along other lines clarify doubts. Consultations with hospital and training school executives and board members result in better understanding and create the vital *esprit de corps*. Head nurses' conferences bring forth discussions that show plainly the interest, study and initiative the various head nurses are giving to their own share of responsibility; and disclose the willingness to coöperate if directed and permitted.

These latter conferences are more effective if conducted according to parliamentary procedure, and if full records are kept. I have always felt that our educational responsibility should include this instruction, and have found the plan well worth while. I believe it could be made more comprehensive, were there some plan for exchange of head nurses among different hospitals.

These are some of the ways by which we should keep our able graduates in training school positions. But you ask, "Shall we give all and make no requirements?" On the contrary, first having made our positions as attractive as is reasonable, and as dignified and honorable as is befitting the function of a training school, we should make as high requirements of those who would fill them as would be demanded in any other institutions of higher education, and these requirements would take into consideration preparation, training, experience, personality, loyalty, and ability for the positions to be filled.

THE PROBATIONER AND HABIT FORMATION

BY MAUD MUSS

Instructor, Stanford School for Nurses

That the probationer, in making her adjustments to hospital life, must needs form new habits, goes without saying. Whether those habits shall be good or bad rests largely with the instructors.

It is generally conceded that certain routine nursing procedures, of a purely mechanical type, may with profit be first, standardized so as to require the least possible expenditure of time and energy, and second, repeatedly performed until largely automatic, thus leaving the conscious mind free to occupy itself with the more vital phases of nursing. All instructors hold this ideal, but some fail to realize its fulfillment, chiefly because they labor blindly, having no clear conception in their own minds as to the best methods to employ in the formation of good habits.

"*Instincts, the Roots of Habits.*"—The instincts possessed by the lower animals are even more numerous than those bestowed upon man, but with less possibility of modification, a marked ability to

modify instinctive behavior differentiates the human species from the brute. These variations in an "innate tendency to respond," created largely by experience, are called habits; and a fund of good habits, well coordinated, plus sound judgment, makes a strong character and therefore the ideal nurse.

Limitations of Useful Habit Formation.—Super-training in habit formation may result in stupid automatism, and our nurses may become mere creatures of habit, veritable slaves of technique *sans* sympathy, *sans* sensibility, *sans* everything! Thus, in the attempt to train the students so that they may be able to perform familiar tasks with minds free to deal with unfamiliar problems, we run a risk of producing a group of human machines who are prone to act without thinking at all.

Also greatly to be deplored is the routine which blunts sensibilities. But let us not forget that "pity as an emotion may be displaced by pity as a motive," and finally crystalize into tender, thoughtful service without waste of energy in sighs or tears. What post-operative case would not prefer the nurse who silently and unobtrusively slips a pillow under her back, rinses her mouth, bathes her face and hands, and raises tight bedclothes off her feet, to the "sweet thing" who pats her hand and tearfully expresses sympathy?

"Classic Temperaments."—A consideration of the "Four Classic Temperaments," so called, is most helpful in teaching habit formation:

1. *The Sanguine.*—These are the most popular students in the school, receptive, responsive, their bright, eager faces are always an inspiration in class and lecture. They are readily interested, superficially brilliant, but flighty and fickle, with a different interest each day or hour.

2. *The Melancholic.*—These students, responsive also, are hypersensitive, taking all reproofs (often undeserved) unto themselves. They have high ideals and frequently grow discouraged because unable to realize these ideals. They are much too introspective, possibly too sentimental; but introspection may crystalize into rectitude, and sentiment into sympathetic service.

3. *The Choleric.*—These are the forceful, domineering characters who often antagonize doctors and head nurses while they are yet probationers and they may leave training early because no one is at hand to help them get adjusted. Opinionated, persistent, they must be guided rather than directly opposed, and usually repay all efforts exerted in their behalf, becoming efficient operating-room nurses or heads of departments.

4. *The Phlegmatic.*—Unresponsive, stoical, these students are at once the despair and the hope of the instructor. Difficult as they

are to impress, once interested they remain so. They learn slowly, but knowledge once acquired is theirs forever. Their stability acts as ballast for the flighty, the sanguine and the ever varying moods of the melancholic. They may fail to inspire us in class and lecture, but they seldom give trouble in examinations.

Utilization of Instincts.—Instincts being the "roots of habits," to teach habit formation is not possible without intensive study of the universally common instincts and their modifications into individual interests and proclivities. Given the guarding, shielding instinct of mother love (parental instinct) and you have the "born nurse," and a nurse already half made. The altruistic instinct may be developed into habits of friendliness and solicitude; into pity and sympathy, actively expressed in service. The curiosity which pulls apart (inquisitiveness), plus the instinctive tendency to "put two and two together," (constructiveness), lay the foundation essential for satisfactory laboratory teaching. And upon the instinct of imitation it is possible to build the habits of careful observation of details and close attention necessary in learning practical procedures. The instincts of rivalry, coöperation and gregariousness should become habits of emulation, loyalty, and sociability, and so on almost ad infinitum. Nor does our work end with the developing of instincts. In spite of good, early training, or because of poor and indifferent instruction, there are many troublesome instincts to be guarded against, either inhibited, or crowded out by developing the good.

Transfer of Habits.—There are several possibilities of the transfer of habits in training nurses.

1. Transfer of "*Identical Elements*" which is unreliable but possible. For example, "surgical technique" may be "carried over" into various activities, even social situations. Recently at a tea, obviously faulty technique in the handling of a cream pitcher resulted in very decisive "lemon, please" from all the nurses who observed it. Most nurses are unable to take a bottle of toilet water from their own bath room shelf without unconsciously "reading the label three times."

2. Transfer of "*Ideals of Procedure*" and "*Concepts of Method*" carry over in a much more explicit fashion. To move quietly, yet swiftly, with precision and without unnecessary movements, is a habit which may and should be acquired by the probationer and be carried into every activity of the nurse. Habits of observation persist. Some make of the nurse a good housewife. No dust escapes her eye; window blinds, unevenly drawn, annoy. Ask a nurse to describe the people on a street car which she has just left and she is much more likely to say that there was a young girl with exophthalmic goitre and fallen arches, an old man with arthritis deformans, and a woman with

jaundice, than that there was a blond woman in purple, an old man in a silk hat and a girl in blue serge.

Utilization of Feeling in Habit Formation.—Clear realization in the minds of the students of the necessity of certain habits is the first essential. Next, they must be inspired with a strong desire to form the habit.

Feeling is a fundamental element of consciousness, coloring every mental state and without it all experience would be bereft of educational value. Individual differences as to degree of feeling are marked. Feelings may be roughly classified as pleasant and unpleasant. Pleasant feelings increase the vitality, raise the tone, and arouse the interest and therefore possess infinite possibilities in education, especially in habit formation. Therefore, pleasant feelings should be the inspiring element in habit forming whenever possible and should always be encouraged unless actually harmful. But unpleasant feelings also play a very useful part in this phase of education. A large class of emotions, such as anger, grief, hate, malice and shame are surcharged with energy which, misdirected, does much damage, but rightly directed, may prove the stimulus for otherwise impossible progress. For this reason, in many schools, examination grades are posted where all may see and compare. At the first thought, it appears unnecessarily cruel to thus publicly humiliate those who fail, but often it is the only way to stimulate a certain group to do their best work. And so, (1) an intense desire of accomplishment, (2) fanned into flame by emotions (pleasant or unpleasant), and (3) kept burning by unswerving resolution may be the fiery furnace, in which strong and useful habits are forged.

No better maxims for habit formation have been formulated than those presented by William James, from which the following are adapted:

1. In teaching practical procedures which it is desired to make habitual, great care must be exercised in "launching" the habit. Demonstrate each move carefully and repeatedly if necessary. "Make haste slowly" is a good motto.

2. Then supervise the first practice periods to make sure that "no exception occurs."

3. "Seize the first opportunity" to have the procedure done upon the wards, once again carefully supervised.

4. Then rest assured that the exigencies of the ward "will keep the faculty of effort alive by a little gratuitous exercise every day."

Remember that "psychical states have physical concomitants" and foundations of moral habits, as well, are laid during probationary days. During that formative, susceptible period, is fashioned the

frame work of the nurse's character by imperceptible accretions, day by day. And if we thrill with pride when a senior or recent graduate is commended as a "fine, all around nurse," we must likewise bear the blame when we hear unfavorable comments about nurses we have trained.

I repeat, habits will be formed, and whether they be good or bad, rests largely with the instructors.

REPORT OF THE CONVENTION OF THE NATIONAL LEAGUE OF NURSING EDUCATION

The annual meeting of the National League of Nursing Education was held in connection with the biennial meeting of the American Nurses' Association and of the National Organization for Public Health Nurses in Atlanta, April 12-17.

There was an average attendance of members and a number of states were represented. The program was well thought out and carefully arranged to avoid conflict. It covered a wide range of vital and interesting topics of special moment at the present time and included nearly every phase of nursing work in the papers and in the round table conferences.

It would seem that every yearly meeting brings into special prominence one problem or difficulty, often due to general conditions. When this is presented and discussed by the members, even though no action is taken, each feels a sense of relief in knowing that at least her problem is a common one and what seems at first sight to concern only one part of the United States is in reality common to all parts.

This meeting in Atlanta was particularly characterized by the problem of the supply and demand of nurses. The theme ran throughout the entire proceedings from the moment when the key note was struck in the opening address of the president, to the summing up by Miss Nutting at the close of the meeting.

Reports of State Leagues were, as usual, filled with interest, showing active work during the past year and a healthy growth in the majority of the states. Reports of the various committees were heard with interest, most especially that of the Educational Committee on the campaign for shorter hours for student nurses. Already this committee has some substantial and valuable data accumulated and some very definite results obtained in the effort to have inaugurated an eight-hour system in the schools of nursing in every state.

The report of the sub-committee on the grading of schools was introduced and a proposed form for a score card was given to each one present who was requested to take it home, study it, and later return it to Miss Gray, the chairman, with suggestions on the

proposed plan. This leads us a little nearer to the classification of our schools, which has long been desired.

The constitution and by-laws required a change, in order to provide for holding an annual meeting, for admitting lay people into membership in the League, for an executive secretary, and to raise the dues. The Committee on the Revision of Constitution and By-Laws made a complete report, and action was taken on all the points, with the exception of lay membership, which was deferred until the next meeting.

The four joint sessions were taken up with the broader questions pertaining to the education of the nurse and her relation to the community: on the introduction of public health nursing into the training of the student nurse, showing how the plan had worked out in New York City, and the value of the support of the superintendent in making it successful; on progress in legislation, showing the need for amending present laws to insure greater protection for the public as also for the student nurse; on present and proposed legislation for public health showing that many states have already good public health nursing laws guarding this growing branch of nursing. An interesting report was heard on an experimental study which is being carried on in Chicago for the recruiting of nurses.

Round Tables were, as usual, a source of very live interest and took up almost every phase of the teaching of students; their theoretical and practical teaching, bedside supervision, ethical, professional, and social subjects of the curriculum. The question of the training of attendants was also given consideration in the Round Table discussions.

Special conferences were held by Miss Wheeler on Training School Administration. A class was formed for these conferences in order that continuity in the debates might be maintained. A conference of state inspectors of schools was called by Miss Nutting with a view of ascertaining points in the work of inspectors looking towards special preparation at Teachers College for inspectors and also to study more definitely the educational side of inspection.

The entire meeting was filled to overflowing for this serious-minded and interested group of nurse educators, and it may be hoped that each carried back to her daily round of many duties a sense of strength and encouragement gathered from the contact with other minds.

The full text of the papers and the discussions will later appear in the annual report of the League.

In the general summing up, the question which seemed to be of most prominent interest was the supply and demand of nurses. It

was thought that the great demand for nurses and the increase in hospital patients is largely responsible for this apparent relative shortage. The diminished number of applicants seems to be due to the greater inducements outside and the conditions under which training is frequently pursued. Various suggestions to remedy this situation were made: (a) to readjust the practical training in the hospitals and eliminate much of the routine household work, leaving the student free for purely bedside work and the immediate care of the patient. That this can be accomplished by ward maids, or ward assistants, has been demonstrated in several hospitals; (b) to encourage better educational requirements for admission to schools. It was shown conclusively that the schools upholding good educational standards were maintaining their usual number of students; (c) as rapidly as possible to have a complete day and night eight-hour system in operation; (d) to eliminate the unfit during probation. It was shown that the school maintaining throughout the course the unfit student, merely for the reason that she supplied an incompetent service to the hospital, was weakening the standing of the school and discouraging qualified applicants; (e) to strengthen the content of the teaching; encourage student government; promote a wholesome social life, in short, bring up the school to a good scholastic basis, would be the most reasonable method of encouraging women of the desired type to enter on a preparation for the nursing profession. A committee had been appointed by the joint boards of the American Nurses' Association, the Organization for Public Health Nursing, and the League, which committee is now at work on a broad study of the situation.

A most cordial invitation was presented by Kansas City to hold the next annual meeting of the League there. It was voted by the Board of Directors to accept the invitation and the members will look forward to meeting again in April, 1921.

ITEMS

A special Florence Nightingale Centennial edition of Opportunities in the Field of Nursing has been published with Miss Nightingale's portrait on the cover. Copies may be secured for 15 cents each from the Committee on Education of the National League of Nursing Education, 525 West 125th Street, New York City.

THE DEPARTMENT OF RED CROSS NURSING

IN CHARGE OF

CLARA D. NOYES, R.N.

Director, Department of Nursing

PUBLIC HEALTH NURSING SCHOLARSHIP AND LOAN FUNDS

It has been estimated that the Red Cross Public Health Nursing Service will probably need about one thousand public health nurses during the coming six months to fill the many positions created by the Chapters throughout the country. It has also been estimated that the courses now in existence in public health nursing can only prepare yearly between 450 and 500 students, consequently every facility must be utilized in order to increase the number of public health nurses as rapidly as possible. The two sources of supply are (1) nurses from the more experienced of the staffs of Public Health Associations, either private or municipal; (2) graduates of Public Health courses.

In order to facilitate the preparation of more nurses through the Public Health courses, the Red Cross has granted a second scholarship fund of \$100,000, \$60,000 of which is for scholarships and \$40,000 for loans. No specified amount will be indicated as to the size of the scholarships, but a general policy will be pursued whereby the scholarship or loan fund will be adapted to meet the needs of individual cases. This fund is unrestricted, as far as Red Cross Public Health Nursing Service is concerned, but each nurse who takes advantage of this opportunity will be expected to engage in Public Health nursing for an indefinite period. Nurses who are interested in public health work may apply for scholarships or loans either to the Bureau of Public Health Nursing Service, American Red Cross, Washington, D. C., or to the Director of that Bureau in the Division in which the applicant lives.

The readers of the *Journal* will be interested to hear that the first fund of \$100,000 was awarded to 251 applicants.

SCHOLARSHIPS FOR PSYCHIATRIC SOCIAL SERVICE

In recognition of the growing demand for qualified women to fill the increasing number of positions in psychiatric social service, the American Red Cross has decided to provide a few scholarships for specially well qualified nurses who wish to secure the training necessary for this work. Courses in this subject have been established at the more prominent schools of social work in the country, and accepted candidates will be allowed a choice of schools. For admission

to these schools, the educational requirement is a college degree or its equivalent. Information regarding the whole field of psychiatric social service with its interesting work, its opportunities for development, its present remuneration, and its various phases of activity may be obtained by writing to V. M. Macdonald, Organizer of Social Work, National Committee for Mental Hygiene, 50 Union Square, New York City. Nurses who wish for further information regarding the scholarships for this special course of study should apply directly to Elizabeth Fox, Director, Bureau of Public Health Nursing, American Red Cross, Washington.

MORE JOBS THAN NURSES

Nurses who served with the A. E. F., nurses who had to stay at home, and a number of "rooky" nurses are among those who enlisted for peace program service with the Red Cross between January 1 and March 1, through the Bureau of Information for Nurses, Atlantic Division Headquarters. Applications were received from 181 women in the two months, and positions were found for every one of the number. Eighty-eight of the nurses volunteered for Public Health Service, while 93 asked for "institutional" jobs in hospitals. During the two-month period, there were 263 vacant positions. Nurses both in the vicinity of New York and throughout the country are cordially invited to write to the Bureau of Information, (44 East 23rd Street, New York), as to positions in institutions and public health nursing, for advice concerning scholarships and loans and public health courses, and in fact, upon any one of the subjects that relate in any way to the nursing field.

HOSPITALIZATION OF SICK NURSES

Nurses who were members of the Army and Navy Nurse Corps and who find themselves disabled for service become War Risk beneficiaries. It has been difficult to locate many of these nurses, who seem to have great hesitancy in letting their condition be known. Members of local and state committees are urged to notify at once any one of the four consultant nurses who have been appointed by the United States Public Health Service for this purpose. These consultants are: Florence M. Johnson, Director, Department of Nursing, 44 East 23rd Street, New York City; Jane Van De Vrede, Director, Department of Nursing, Southern Division, 249 Ivy Street, Atlanta, Georgia; Lyda Anderson, Director, Department of Nursing, Southwestern Division, 901 Equitable Building, St. Louis, Missouri; Lillian White, Director, Department of Nursing, Pacific Division, 864 Mission Street, San Francisco, Calif. The consultants are informed as to the preparatory steps to be taken in order to bring the nurse's case before the War Risk Board or the Federal Board for Vocational Education.

MEMORIAL TO MISS DELANO

Questions are being asked from time to time, especially by Red Cross nurses, concerning a memorial to Miss Delano. A committee was appointed some months ago, of which Miss Palmer was the chairman, to prepare some suggestions or plans for a suitable memorial. The committee has felt very strongly that plenty of time should be taken and that nothing should be done hastily or hurriedly. Suggestions are being accumulated from which plans will be gradually developed. A small nucleus of something over \$600, gathered by the nurses in France, is already available. The committee would in all probability be very glad to receive suggestions from nurses who are interested, especially those with original ideas to present. These may be sent to the *Journal* office or to the Director of the Department of Nursing at National Headquarters in Washington, D. C.

THE RED CROSS MEDAL FOR FAMILIES OF NURSES DECEASED
IN SERVICE

A very beautiful medal has been prepared under the auspices of the American Red Cross, to be awarded to the families of those nurses and others who served and died when on duty under the Red Cross. It has been decided to award these also to the families of nurses who might have been assigned either to the Army or Navy. A list is being prepared and the families in due course of time will receive this very beautiful recognition of service by the Red Cross.

PUBLIC HEALTH NURSING UNDER THE RED CROSS

We are often asked, "What do your Red Cross Public Health Nurses do? Are they specializing, or generalizing? Are you limiting their work to any one type of public health nursing, and have you any uniform plan?" And to our astonishment we sometimes hear an aspirant for our service saying that she will not have to do any nursing.

The best way to answer these questions is to give a short account of their work written by some of our Red Cross Public Health Nurses, themselves.

Janet Worden gives us this account of a day's work in a Minnesota county:

A ride of thirty-five miles, in a tin Linnie, brought me to my destination—a school house of one room, poorly lighted and dirty, to teach the first lesson of a series of fifteen in Home Nursing. Twenty mothers of different races,—Polish, French, Irish and American, were assembled.

A bed had been installed with a straw tick, sheets, pillow cases and blankets borrowed from the pupils. Each mother was taught how to make a bed, turn a helpless patient, change draw sheets, lift and make comfortable a paralyzed patient. Temperature, pulse and respiration were taken and explained. The position and quantity of furniture, and temperature and ventilation of a sick

room, were also explained. There were discussions on this lesson and preparations were made for a second meeting the following week.

Good-byes were said and I left for another thirty-five mile ride over a sandy, rough road, when I was hailed by a farmer: "Be you that county nurse?" "Yea." "Well, come and see my colt, it's got hurt." Another drive of three miles to find a beautiful animal, six weeks old, torn by wire on the left shoulder straight across the chest to the right leg. The depth of the wound was fully two inches, the length over sixteen. The farmer had done some veterinary work two days before, but his hands, needle and cotton were dirty. Infection and high fever had set in and a bad condition was the result.

A large sheet was spread on the ground, the patient laid out on it, hind and forefeet tied together and flexed. The master of the house sat on its head, while the young son did likewise on its flank. I sterilized my hands thoroughly and proceeded to business, and for one hour steadily cleaned and removed infected tissue, cut away the old stitches, washing with hot water and lysol, tied two arteries and poured tincture of iodine into the wound,—the patient resting peaceably and quietly, as if it knew the county nurse was doing her best to help it. A few days after I found the animal doing well and the wound healing.

Another start was made towards home when a woman emerged from the woods. "Please come and see my twins; one is dying." I found two baby boys, aged three and one-half months, weighing seven and one-half pounds each, in a very serious condition, being fed every half hour on condensed milk, wrapped in blankets, lying on a feather bed behind an immense stove. There was no fresh air in the room, and this was August! There was a history of tuberculosis in the family and the mother wondered why the children didn't grow! She couldn't see any reason for it. Within a week a marked improvement in babies and mother, house and surroundings, could be seen, and all lived happily ever after.

We have an average enrollment of two hundred pupils in the Home Nursing classes. Five hours of daily teaching and, in addition, the weighing of various babies, the changing of formulae, the removal of incipient tuberculosis cases to sanitarium, and—to make life a little more interesting—a mental case to a State institution, finishes an average day's work. Does it pay?

The next story from Rose Schaub of North Dakota is unique, I am sure, in the annals of public health nursing:

Late one afternoon I was called to an emergency case in a rural district. While there I found a nine-year-old boy who was almost blind with trachoma, which he had had since he was two years old. The parents said he had been operated upon several times and was very desirous of getting an education. They pleaded with me to find a school for Danny. I knew this was impossible, and I began to inquire for a means to cure him first, so that he could be sent to school.

In the meantime I found four other children whose eyes were almost as badly affected. These families were all very poor, so the County Commissioners promised to finance any move that would better their condition. In desperation I wrote to the United States Public Health Service, asking them to help me find a way to cure these children. I had a letter by return mail telling me that if we would furnish the transportation from North Dakota to Kentucky, the Government had a hospital there which furnished free treatment and maintenance for trachoma patients.

The invitation did not have to be repeated; we immediately started preparations for our departure for Kentucky. We had a most exciting time. The children's ages ranged from five to twelve years and only two had ever been on a railway train before. At last the wonderful day arrived and the children came to town laden with suit cases that would not close properly, enormous lunch boxes, and toys to help make the trip more interesting. They could hardly wait to get on the sleeper. Their imagination could not conceive of any way really to go to bed on a train, but after much investigation and commotion on their part, I finally got them tucked in for the night.

With the aid of a red cap, and much successful dodging of motor trucks, we succeeded in getting breakfast, and boarding the Chicago train, at St. Paul. The next source of wonder was the Mississippi River, which one boy declared was the biggest "slough" he had ever seen. When we arrived in Chicago, the same boy stood outside of the station and refused to move. I thought at first that noise and lights dazed him, but he said in a very disappointed voice, "I don't believe this is Chicago at all. I don't see Sears and Roebuck's store anywhere."

After a journey of three days and two nights we arrived at the Government Hospital, located in the mountains at Pikeville, Kentucky. The children were quite willing to remain when we promised them that they might go to school when they returned home. After nine weeks' treatment I returned for them. They were completely cured and have been attending school daily since then without any recurrence of the disease. This is how Uncle Sam and the LaMoore County Commissioners saved five children from a life of eternal night.

More and more as the public health nurses are coming to be a recognized health producing factor in our communities, are the people beginning to depend on and appreciate their services. A health officer sends this letter to one of our Division Directors:

Dear Miss Chapman: I am writing to thank you for sending Miss "G" to "G", instead of keeping her in Denver or some other large city. The parents of "G" have all fallen in love with her, and the children think she is about the whole world. I never saw a woman who understood her business so well and one who could accomplish the amount of work that she does. I know personally of three epidemics she stopped in Grade School. Her heart is absolutely in her work, and she makes no distinction between influential families and the most worthless. One especially worthless family seemed to think she was here just for their benefit and called her night and day to come and attend to them. She always went pleasantly and really saved the lives of two of them, when all the rest of us had lost all interest in them. During our last siege of "Hu" I do not know how we ever would have managed without her. She was in a dozen places at once. We all depended on her in everything. She really was the brains and pivot of the whole fight and always her smile and cheery words gave heart to many discouraged families. Many of our families have her to thank for the saving of some member. I know five of my patients would have died had it not been for her. Several of the people have come to me to sing her praises and they say she is like a ray of sunshine when she comes into the house. Our only fault with her was that she never rested, and we were afraid she could not stand it. I wish I could fully express what she has meant to us all, schools and families, both. Miss Chapman, if the Red Cross has many more nurses like our nurses, they may well be proud of them, and please don't send her to some large city. We need her.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE INTERNATIONAL EXECUTIVE MEETING

Four countries out of nine were at the Atlanta meeting: Jean Gunn, from Canada; Miss Munck, from Denmark; Mrs. Mannerheim, from Finland; and Miss Noyes, of this country.

The chief subject for discussion was the renewal of international relations. The year of the next American meeting, 1922, had been suggested, and the same time and place for a congress of nurses, but the decision of the members present was that the world is not yet settled and tranquil enough for such gatherings to be planned, and that it is not advisable to look forward to a full meeting before 1924.

No definite plans, therefore, were made, but there is a pleasant possibility of another purely informal gathering in 1922, nevertheless, for the American nurses meet in that year on the Pacific coast. Now we have valued members who will be much nearer to us at that point than any other. The New Zealand and Australian nurses, the members of the Nurses' Association of China and of India, the Japanese Sisters, and the Filipinos, and nurses from Korea really might be able to come across the Pacific Pond to Seattle. We might, then, be able to have at least half of an international meeting, and see our big northwest. At any rate, the secretary is going to cherish this agreeable hope, in the midst of a world so full of uncertainty.

The applying members—Norway, Belgium and Italy—know, of course, that their entrance must be voted on in a full meeting. The executive committee has no power to accept new members, but only to recommend.

Miss Aagot Larsen, whose name was unfortunately given incorrectly in this department some little time ago, is in New York studying training school methods, and is enjoying herself. She is the head of a large Norwegian hospital.

The Scandinavian nurses are going to hold a conference among themselves in September, and they will try to bring Sweden into international membership. The Swedish nurses in 1912 spoke of entering, but unfavorable events since then have broken off correspondence, which we hope may now be resumed.

Mrs. Teckerning of Denmark remains international president; Miss Bray of London, treasurer; and Miss Dock (U. S. A.), secretary.

DEPARTMENT OF PUBLIC HEALTH NURSING

THE ATLANTA CONVENTION

BY STELLA FULLER

The first biennial convention of the three national nursing bodies was a success! Looking back at it, there is just one regret. It will be two long years before our next meeting.

There was a "oneness" about the Atlanta meeting that was evident from the very first. Nurses sent to attend the meetings of the League of Nursing Education wanted to go to the National Organization for Public Health Nursing meetings; nurses supposed to be present at the National Organization for Public Health Nursing meetings wanted to sit in with the American Nurses' Association and the League sessions.

The joint meetings were well attended because of this desire, and proved that, after all, we are just one big family working and striving toward the same end: "More Health for More People."

The National Organization for Public Health Nursing had a two days' informal program previous to April 12, the day on which the regular sessions began. These two days, April 9 and 10, were given to a discussion of rural nursing, and were planned by Elizabeth Fox and Katherine Olmsted. Although these meetings were not officially reported as a part of the convention, they were a vital part of it.

On Sunday, thanks to the energy of a splendid local committee and to southern hospitality, the nurses had delightful drives out Peach Tree Road and through the surrounding country, beautiful with the first signs of spring. Later, they were served with tea at the home of Mrs. Irwin.

The meetings began in earnest on Monday. Registration booths were opened, exhibit rooms arranged, bulletin boards put up, and rooms assigned to the different organizations. The National Organization for Public Health Nursing meetings were held in Room 5. The room was large, but it was always crowded with enthusiastic, eager delegates and with nurses and lay members. Katherine Tucker, president of the organization and superintendent of the Philadelphia Visiting Nurse Association, presided at the meetings.

Splendid papers and discussions on the need of nutritional clinics and how to manage them, publicity aids in public health nursing, newer fields of public health nursing, rural needs and rural problems, the protection of school children, and the recruiting of student nurses for the training schools, kept the interest of all for the entire week.

The by-laws were revised, the most important change being the striking out of the privilege of voting by mail. Special sections were formed in Industrial, Child Welfare, Tuberculosis, and School Nursing. The following resolutions were passed, showing the need for the formation of these separate divisions:

ENDORISING SHEPPARD-TOWNER BILL

Whereas, The National Organization for Public Health Nursing believing that protection of maternity and infancy is of vital importance to the welfare of the country, finds itself in full sympathy with the provisions incorporated in Senate bill 3259, therefore, be it Resolved, That the National Organization for Public Health Nursing express its approval of this bill. Be it further Resolved, That a copy of this resolution be sent to Julia C. Lathrop, Chief of the Federal Children's Bureau of the Department of Labor, under whose auspices the bill was drafted, and also to Honorable Mr. Sheppard of the United States Senate.

RESOLUTION OF THE TUBERCULOSIS SECTION

Whereas, It is now a well established fact that practically every individual acquires a tuberculosis infection before adult life, and, Whereas, This infection may never develop into tuberculous disease under healthful conditions yet any illness, mental or physical strain, or any condition which depletes physical strength may lead to the reactivation of an arrested lesion, and, Whereas, Every nurse whether engaged in institutional, private duty, or public health nursing, should be able to recognize the early symptoms of such development, therefore we believe that every training school for nurses should give to its pupils such instruction and practical experience in tuberculosis as shall render them as familiar with this disease in its early stages as they are with other medical diseases, therefore, be it Resolved, That the Tuberculosis Section of the National Organization for Public Health Nurses recommend that the Educational Committee take such steps as may be necessary to introduce such tuberculosis training with special emphasis on the early stages into the curricula of all training schools for nurses and, be it further Resolved, That all courses for the training of public health nurses should include both instruction and practical experience in the tuberculosis field under conditions which shall be approved by the National Organization for Public Health Nursing.

Whereas, Tuberculosis work makes a greater demand upon the resources of a nurse than almost any other form of nursing, therefore, be it Resolved, That the Tuberculosis Section make every effort possible to raise the standard of requirements for tuberculosis work, thereby making this work desirable to women who have had a liberal education, adequate general nurses' training, and an appreciation of all that tuberculosis nursing means in its largest sense.

RESOLUTIONS OF THE SECTION ON INDUSTRIAL NURSING

Whereas, The rapid development of public health nursing activities frequently leads to confusion of thought as to the various fields of public health nursing, it has seemed advisable for the guidance of both professional and lay people to formulate a definition of the term industrial nurse. Therefore, be it Resolved, That it be the sense of the section of Industrial Nursing assembled at the first biennial convention of the National Organization for Public Health Nursing that an industrial nurse is a graduate, registered nurse (male or female) employed in

an industrial or mercantile establishment or public utilities corporation in the interest of the personnel in matters affecting health and welfare.

Whereas, It is a well established principle in social work that the family is the fundamental social unit, and that all treatment should be based on this principle, therefore be it Resolved, That in the interest of a well rounded service the field of industrial nursing be understood to extend outside the place of employment and specifically to include home visitation.

Whereas, The position of the industrial nurse brings her into peculiar and intimate relations with the employee, be it Resolved, That the industrial nurse can best serve the mutual interests of employee and management when the department or division of health is in close and direct relationship with the management.

RESOLUTIONS OF THE CHILD WELFARE SECTION OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Whereas, It is generally recognized that in order to give the pre-school child his best opportunity for health development, nutritional clinics and classes be understood to be an integral part of every child welfare program, therefore, be it Resolved, That the Child Welfare Section of the National Organization for Public Health Nursing assembled at the first biennial convention recommends that a special effort be made to establish such clinics and classes wherever needed.

Whereas, Malnutrition is frequently due to physical defects determinable by a complete physical examination, therefore, be it Resolved, That all children admitted to nutritional clinics should first receive such examination. Be it further resolved, That in following out the above recommendations organizations and personnel already in the field be made use of to the fullest extent possible.

Whereas, The work of the school health officer could be made more effective if a complete record of the child's health history and care were available at the time of the child's admission to school, therefore be it Resolved, That all child welfare agencies strive to so organize their work and plan their records that this end may be achieved.

Whereas, The present method of record keeping renders comparison of statistics difficult, therefore, be it Resolved, that a small committee be appointed to standardize certain record phraseology and to make a printed report that shall be available for all public health nurses. Be it further resolved, That the chairman of this committee be appointed by the president of the National Organization for Public Health Nursing, and empowered to appoint her own committee.

RESOLUTIONS OF THE SCHOOL NURSING SECTION

Whereas, The health service rendered the school child, in order to be well rounded, should include the teaching of hygiene, and, Whereas, The responsibility for the execution of the hygiene program often falls on the school nurse, therefore, be it Resolved, That the section of the National Organization for Public Health Nursing on school nursing recommends that the teaching of hygiene to the child be included in the program of every school nurse, and be it further resolved, that the teaching of personal hygiene to the school child can be successful only through the close cooperation of the teacher and the school nurse, and the recognition of their mutual responsibility.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

ALICE SHEPARD GILMAN, R.N.

THE HOSPITAL UTILITY ROOM

No place has been more neglected in the plans and arrangements of hospitals than has this important factor of the hospital ward unit. Architects do not appreciate its importance because they have no realization of the work which should be done here. Boards of trustees and medical consultants rarely are conversant or concerned with the details of the practical work of the student nurse.

In going through the modern hospitals of the country, one is impressed with the fact that after the wishes of the medical board and friends of the institution have been incorporated in the plans, any unappropriated space has been utilized for the construction of nurses' work rooms, without regard to their size or proximity to the wards. The fact that this unit should be intact has seldom occurred to them. Warming closets, bath rooms, soiled clothing containers, etc., have been distributed throughout the ward unit with no thought or consideration for economy of time or physical effort on the part of the student nurse. Bed-pan racks, sterilizers, sinks, and radiators have been crowded into inadequate space, allowing no opportunity to properly use the equipment when it has been installed. Provision is seldom made for any work shelves, drain boards, or for the type of sink with a stopper, in which utensils can be scrubbed and adequately cleansed. Gas and electricity are seldom provided for the preparation of poultices, turpentine stupes, hot compresses, etc. All such preparations for treatments have had to be made in the ward kitchen where the patients' food is served. Isolation closets are usually installed with no facilities for receiving equipment, no hooks for hanging gowns, or bags for the reception of infectious clothing.

If hospital boards would consult more frequently with the women who are responsible for the nursing care in their hospital regarding these matters of ward lay-outs, the result would be more gratifying both in relation to economy of time and effort, as well as in the efficient care of the sick.

In one of the largest hospitals of the country which has recently been rebuilt, the relation of the work room to the ward and balconies necessitates a nurse's walking several hundred feet every time she

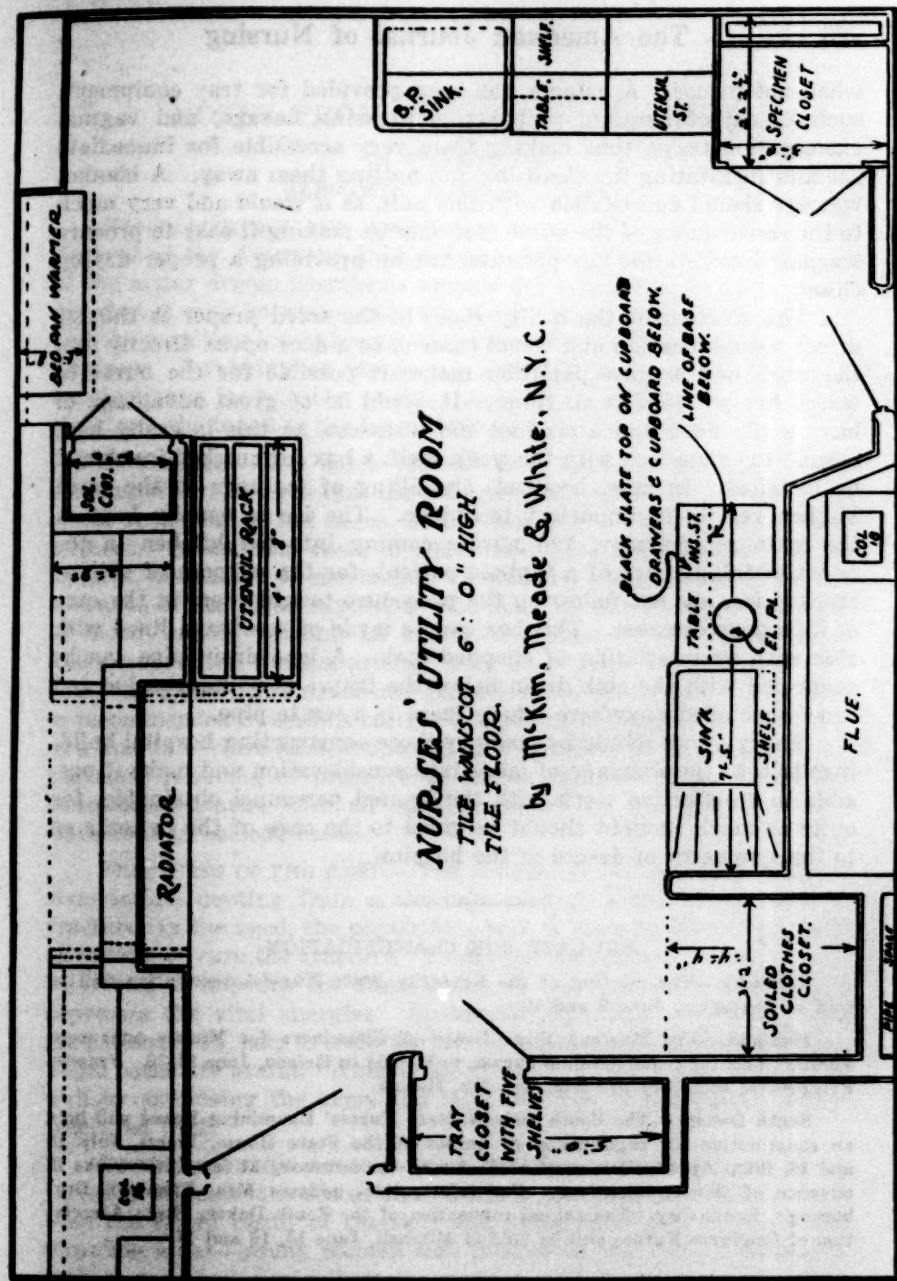
gets a patient a drink of water, and in view of the fact that the conservation of human effort is so vital to us, particularly at this time when we are struggling against bitter odds in an effort to properly staff our hospitals, this oversight on the part of the hospital architect is appalling.

In many instances plans are drawn which are fairly adequate, then some one discovers that too much money is being expended and suggests cutting down. The first place where this shaving process begins is in the nurses' work rooms, even when the doctors' examining room and clinical laboratory are very much larger than is necessary. In cutting down the effectual operation of these work rooms the care of the patients is affected, for if the routine work of the student nurse is hampered by lack of space and facilities the patient eventually suffers. In other words, it is poor economy to increase the amount of physical effort on the part of the student nurse, when conservation of her time and strength is so necessary.

The superintendent of nurses having the welfare of her patients and students at heart should insist that proper thought and consideration be given to the construction and equipment of these rooms, and should not accept any plan which may be offered by the architect.

Considerable time and thought were given to drawing up the plan which is here shown for the conservation of effort and economy of time. Note the arrangements for the care of bed-pans, warmer, sink, table for scrubbing, and sterilizer in one group; also the closet for specimens of urine and feces. A work table has been provided with a small instrument sterilizer on one end, a gas plate in the center, toward the wall, for the preparation of poultices, with a small shelf over it for jars of flax seed, mustard, etc. Under the shelf is a drawer for spoons and spatulas as well as a cupboard for sauce pans and boiling basins. There is also a sliding upright, with hooks on each side for hanging hot water bags and ice caps. This operates on a ball-bearing roller and may be pushed in flush with the closet wall. A sink is attached to the shelf and is provided with a rubber stopper so that utensils may be properly washed in soap and water and placed on a draining board where they may be rinsed off, wiped, and put away. Directly opposite is a utensil rack, the frame being made of one-inch piping with adjustable wooden shelves which may be easily removed for washing. On this rack are kept dust, dressing and kidney basins, irrigating cans, funnels, catheters, rectal tubes, urinals and foot tubs.

A closet for soiled linen connected with the ventilating shaft has a capacity for three clothes conveyors, so that there is no occasion for storing these in the bath rooms or other equally inappropriate places



Note—The proportions have been altered a little to make the drawing fit the page, but the measurements are as in the original plan.

when not in use. A cabinet has been provided for tray equipment, such as catheterization, preparation dressing, lavage, and vaginal examination trays, thus making them very accessible for immediate use and facilitating the cleansing and putting them away. A blanket warmer should be installed with this unit, as it would add very much to the convenience of the nurse, not only by making it easy to procure warmer blankets for her patients, but by providing a proper drying closet.

The relation of the utility room to the ward proper is that of direct communication and visual control, as a door opens directly into the ward and a glass partition makes it possible for the nurse to watch her patients at all times. It would be of great advantage to have a tile floor and a six-foot tile wainscot, as this is easily kept clean. In connection with the work shelf, a box for cracked ice should be installed. In most hospitals the filling of ice bags in the ward kitchen results in imperfect technique. The ice is usually kept in the main refrigerator, and nurses coming into the kitchen in the midst of taking care of a typhoid patient, for the purpose of getting cracked ice, are not following the procedure taught them in the care of infectious diseases. This box can be made of wood and lined with zinc with an interlining of chopped cork. A lead drain pipe can be connected with the sink drain below the trap. It is inexpensive and can be installed anywhere where there is a waste pipe.

Every effort should be made by those constructing hospital buildings to take the shortage of labor into consideration and make it possible to do effective work with the limited personnel obtainable, for quite as much thought should be given to the care of the patients as to the symmetry of design of the hospital.

TOO LATE FOR CLASSIFICATION

Kentucky.—The meeting of the Kentucky State Nurses' Association will be held in Lexington, June 9 and 10.

Montana.—The Montana State Board of Examiners for Nurses announces examinations for registration of nurses, to be held in Helena, June 21-25. Frances Friederichs, secretary pro tem, Box 923, Helena.

South Dakota.—The South Dakota State Nurses' Examining Board will hold an examination for registration of nurses at the State House, Pierre, July 15 and 16, 1920. Applications must be filed with the secretary at least two weeks in advance of the examinations. For information, address Mrs. Elizabeth Dryborough, Rapid City. The annual convention of the South Dakota State Association of Graduate Nurses will be held in Mitchell, June 15, 16 and 17.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELISABETH ROBINSON SCOVIL

TONSILLECTOMY AND ABSCESS OF THE LUNG.—A writer in the *Journal of the American Medical Association* disapproves of the use of the motor driven anesthesia apparatus in tonsil operations, believing that it may be responsible for the inspiration of septic particles and the resulting lung abscess, as it creates a positive pressure in the pharynx. Swabbing or tampering with the raw surface left after enucleation is inadvisable, as there seems to be a direct path of infection from the tonsil to the lung, through the lymphatics.

BED SORES.—The same journal, in a synopsis from a foreign contemporary, believes that the pressure causing the necrosis or gangrene resulting in bed sores, is exerted from within and not from without. Aside from cases in which the epidermis has been injured by heat, chemicals, or mechanical causes, the injury arises from disturbance of the blood supply, by the more or less complete occlusion of blood vessels, causing an anemic condition of the subcutaneous and deeper lying tissues, arising from long continued pressure. Besides the usual preventives and remedies, the continuous water bath is recommended in serious cases. The patient is suspended for hours at a time in a warm bath, supported by a bed sheet or hammock. Even the mere relieving of pressure by laying the patient on a properly constructed frame, with an opening under the bed sore, has been efficacious in serious cases.

FRACTURES IN THE AGED.—The *Journal of the American Medical Association*, quoting from a German medical journal, says that in fractures in the aged, the physician's task is more to keep the patient alive than to cure the fracture. Prolonged confinement to bed is very injurious, it impedes the functioning of the automatic system and depresses the vital energies. Systematic breathing exercises, after the patient is up, help to maintain the circulation and ward off atrophy. Tepid baths are useful. When lying in bed, the elderly can keep fairly well by exercising the arms and legs, but this is impossible with a fractured limb.

RECONSTRUCTION AIDES.—In an article on the treatment of injuries to athletes it is stated that much of the good accomplished has been the direct result of the skill and untiring efforts of the reconstruction aides—young women well trained in the various branches, such as massage, electrotherapy, exercise, and thermotherapy. They

form a group having exceptional preliminary training and wide experience, and have not been deeply grounded in any one so-called "system" of treatment. These women are becoming available in increasing numbers, and are capable of rendering the physician invaluable help in treating many types of cases.

SLEEPING SICKNESS.—An interesting article in the *Journal of the American Medical Association* gives much information as to lethargic encephalitis, popularly called sleeping sickness. The disease is wholly distinct from the African sleeping sickness, which is caused by an organism carried from person to person by the tsetse fly. An outbreak occurred in Vienna, in the winter of 1916; in England and France, early in 1918; and in this country, about a year later. It is a disease of the central nervous system, affecting particularly the brain and especially the gray matter at its base. The spinal cord is invariably involved. The early symptoms are those of general malaise, chills, lassitude, etc. The temperature is usually 101° to 102° , but may rise to 104° . Arresting symptoms are double vision and drooping of the eyelids. The patient becomes apathetic and falls asleep easily, the hours of sleep being much prolonged. He can be roused to take food. The fatalities reported are from 20, to 35 or 40 per cent. The chief immediate causes of death have been intermittent pneumonia and paralysis of the respiratory centre in the medulla. It is infectious and communicable, but apparently not to a high degree. The greater danger arises from the lighter cases which are not on the surface so alarming, and thus may spread infection. Special attention should be paid to the care of the secretions from nose and throat.

THE AVACADO PEAR.—A pear is being cultivated in Florida and California which may prove a welcome addition to the diet of the diabetic patient. According to researches conducted in California, it contains 20 per cent. of fat, an unusual constituent in fruit, whose nutrients are usually in the form of starch and sugar. A palatable source of fat will be a real boon to many patients.

INFLUENZA IN THE NURSING MOTHER.—An Italian physician thinks that the nursing mother who is the victim of influenza need not cease nursing her child, unless there are grave complications. The nipples should be washed before nursing, and the mother warned against speaking or coughing while the infant is at the breast. The child should be brought into the room only for nursing.

A MEMORIAL TO DR. OSLER.—It has been decided to establish the Osler Institute of General Pathology and Preventive Medicine at Oxford, as a permanent memorial to Sir William Osler.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer to ensure publication.

TRIBUTES TO SOPHIA F. PALMER

I.

EXTRACTS FROM PERSONAL LETTERS

(As these letters were not intended for publication, the names of the writers are not given, but the expressions of appreciation are so spontaneous and heartfelt, it is believed they should be included with those more formally expressed.)

"Deepest sympathy in the death of Miss Palmer, the friend of us all."

"What a debt we owe her! How much she has really done, how difficult it will be to estimate,—a nation-wide, indeed, much more, an international service! Standards raised, constructive programmes carried out, information rapidly disseminated, achievements that would have been impossible without that magazine that has been her life work."

"It does not seem possible that Miss Palmer will no longer be able to furnish the strong backing that she has given the nurses for so many years. She is one of the people who have been a headlight to so many of us. I am so privileged to have had the opportunity of knowing her for even the short time that I have. I always looked forward to her visits, and felt better for a talk with her."

"We all realize the great loss she will be to our profession and the inspiration that she has given us all through the years."

"We need Miss Palmer, her sound, practical viewpoint and courage, and fearlessness in expressing it, more than ever before. I have heard more than one nurse say that she was the one person who did not lose the nurse's point of view, when she was not actively engaged in nursing, or allow the expedient and commercial to dim the professional vision."

"Miss Palmer's death is a great loss to all the nursing world, and I realize that I have lost a wonderful friend. She was never too tired or too busy to give me help and advice, and I am indebted to her for so much kindness."

"Her loss is one that will be felt everywhere she was known, both in and out of the nursing profession."

"So much of what we have to-day is due to her effort."

"I cannot help but feel that it was quite a fitting end to a busy and useful life, and one that almost anyone might hope would be their lot. Miss Palmer had suffered no mental deterioration, and I must frankly state that I have never felt that the *Journal* has been better than it has been lately."

"I do hope dear Miss Palmer had attended the Atlanta convention and had occasion to appear upon the platform—especially that the 'younger generation' present might visualize the 'path-finder' whose pioneer work in journalism has made possible the organization and progress of our profession, and keep her in memory."

"My own business career began with the *Journal*. * * * I shall never forget how Miss Palmer praised that first circular I ever wrote. It gave me great courage."

"Miss Palmer was a rare woman. She devoted her best energies and her alert mind to the cause of nursing. Thousands of our profession will miss her genial presence at our gatherings. She was keen to bring forward every point

of interest, and every danger that menaced our profession, and her far seeing judgment was of great value."

"It seems almost unbelievable! How she will be missed! Her interest was so true and loyal to our profession; and her judgment always so keen and just. At the present writing I feel that her loss is a serious one at this time."

"She certainly has done a wonderful work for nursing, and has shown remarkable leadership and the power of carrying forward, with excellent judgment, determination and ability, every interest which pertained to our profession."

"The great loss in Miss Palmer's death is being felt by us all as individuals and as members of the profession to which she gave her strength. For myself it is a deep personal loss, as you well know. There is no one else who has given me just the feeling of loyalty that Miss Palmer inspired. Her friendship has been true and deep and cannot be replaced."

"I am more surprised and shocked than I can say. I had no idea that Miss Palmer's going was so imminent. I feel quite incomplete and lost."

"We have lost in Miss Palmer a great leader, and will value in the future, probably more than we do now, the important place she has filled."

"I have not only admired Miss Palmer, but loved her. We are losing so many of our fine women that it staggers one at times."

"She seemed so interested and so devoted to the same ideals she has always advocated that I can hardly realize that the visit I had with her . . . is the last. . . . What gifts of personal service and intelligent devotion she has offered to our profession! May we use aright the legacy of faithfulness she has left us!"

"The nursing world has lost a good friend and a wonderful worker whose place can never be entirely filled by any one woman."

"She was a wonderful woman, so kind and true. I count it a great privilege to have known her."

"There isn't one of the many times I was privileged to be with Miss Palmer at her office, at a meeting, in her home, that hasn't given me something to help, and help constantly in the various problems and difficulties always arising. I do not know how to express what having an opportunity for personal contact with her has meant, professionally and personally. I feel as if some strength and support had been taken from me."

"I heard of Miss Palmer's death only accidentally,—I can't write you how I felt about it. It seemed as if Sampson had succeeded in pulling down one of the pillars of the temple. It is a very serious loss to us and especially at this time when the country needs women with her traditions, her friendliness and her squareness."

"I am selfish enough for the profession to wish that she might have been spared at least a few years longer."

"Miss Palmer was my staunch friend in my nursing career. I went to her at Garfield Hospital immediately after finishing my training. I know something of the opposition she met there; she organized the school and did it well. She was then, and has been in all these years, an inspiration to me. I was so disappointed not to see her in Atlanta. I can't believe she is gone. The nurses never had a better friend, loyal and true."

"Her death will mean a great loss to the nursing profession throughout the entire country."

"The nurses of Kansas will feel keenly the loss of such a helpful woman."

Some of us never amount to much, no matter how hard we try, but she was a wonderful woman."

"The profession has lost one of its most valuable members and every nurse in it, a personal friend. I admired her very much indeed."

II.

From the secretary of the Graduate Nurses' Association of Connecticut: At a meeting of the Board of Directors of the Graduate Nurses Association of Connecticut, held yesterday, it was voted to send a message of sympathy on the death of Miss Sophia F. Palmer.

From the secretary-treasurer of the Vermont State Nurses' Association: I am deeply grieved to learn of Miss Palmer's death; it seems like a personal loss.

From the secretary of the Maryland State Association: Through Miss Palmer's death we feel, as every reader of the *American Journal of Nursing* must, that we have lost a friend whose wide experience and deep interest in all nurses and nursing affairs leaves a vacancy difficult to fill.

From the secretary of the New York County Registered Nurses' Association: The New York County Registered Nurses' Association wishes to express its deep sorrow because of the death of such a friend and co-worker as Miss Palmer.

From the secretary of the Alumnae Association of the City Hospital School of Nursing, Blackwell's Island, New York: At a recent meeting of our Alumnae Association, a short memorial service was held for Miss Palmer. She was best known to all of us as the Editor of the *Journal*, but we have besides a very pleasant memory of an evening spent at our school, where sitting beside an open fire, with the pupils and graduates gathered round her, she gave us the history of the starting of the *Journal*, and many other interesting experiences in her nursing life. She was also a guest at our club some few years ago, and while there endeared herself to many of the girls. At that time her adopted daughter accompanied her, and the occasion was a very happy one. We all appreciate the worth of Miss Palmer and what she has meant to the nursing profession to-day, the high and lofty spirit she has sent forth through the *Journal* has reached all groups of people, and has inspired many a one to work on.

"The nurses of District No. 8 (Saranac Lake, N. Y.) wish to extend to the nursing profession our sympathy in the great loss we sustain."

From Bertha E. McChesney, State Supervisor of School Nurses, New York: May I express through the medium of our departed leader's own pages an expression of my personal loss in her death. Miss Palmer to my mind exemplified the highest type of womanliness and sincerity. One always found at her council table sound advice and guidance in topics general, but especially those pertaining to the nursing problems had her deepest and profoundest consideration. It will be hard, nigh impossible, to accustom ourselves to the thought of her not being with us when conditions arise wherein sound judgment and advice are needed. Her passing on to life eternal is but another step upward in her bright career. To us, the nurses of America, she has thrown "the torch" with the admonition, "be yours to hold it high."

From the First District of the Illinois State Association of Graduate Nurses: It is with deep sorrow that we record the death of Sophia Palmer, editor of THE AMERICAN JOURNAL OF NURSING. Thousands of nurses in this country will feel her loss keenly. Miss Palmer was neither a radical nor a conservative. Her sane middle ground in matters pertaining to the nursing profession and her rare optimism made her an ideal pioneer. THE AMERICAN JOURNAL OF NURSING stands

as her permanent monument. In it she leaves the product of her brains, her energy and her money. The nursing world owes this pioneer a debt of gratitude, and all she asks of us in return for her devotion is the soldier's message to his comrades: "Carry on."

From the Genesee Valley Nurses' Association, Rochester, N. Y. (formerly the Monroe County Registered Nurses' Association): The Genesee Valley Nurses' Association have learned with sorrow of the death of Sophia F. Palmer. She was a graduate of the Massachusetts General School of Nursing in her early days which were also the early days of that school. From that time until her death she was active in many lines of nursing work. In this association we have known her as its organizer and promoter, as its president, its advisor, as a sustaining member and always as its friend. She was a force wherever she was. She it was who urged us to join our alumnae, to join the Red Cross, to get in line for service and serve as many as possible. We knew her as a clear thinker and an optimist; as loyal to her older friends with whom she delighted to share the comforts of her home; as a lover of the youth and enthusiasm of her young friends who were among the joys of her life. Her personal life was an example of what she preached, and her manner of death at her post of duty was in keeping with the life she had lived. While we no longer have her as a living presence in our midst, her spirit lives in our minds and on many a printed page.

From the New York City League for Nursing Education: In Memoriam. There is probably no woman in the nursing profession whose death will bring a greater sense of loss to all nurses than that of Sophia F. Palmer, who died at Rochester April 27, 1920. She was one of the great constructive forces of the nursing profession and one of the group of pioneers who assisted with the development of nursing organizations and with the origin and progress of state registration. For twenty years she served as editor of the AMERICAN JOURNAL OF NURSING and during that time the JOURNAL became a very potent factor in maintaining professional standards, and in uniting the nurses of the country in common aims and purposes. In Miss Palmer the Red Cross found an Editor ready and willing to transmit the recruiting appeals for nurses for war service. It is more than probable that the splendid response of the nurses was largely due to Miss Palmer's challenging editorials which formed a unique and splendid contribution to our nursing service in the great war. We are profoundly shocked and saddened by her loss and will all miss her wise counsel, leadership and warm loyal friendship.

From the Alumnae Association of the Lenox Hill Hospital, New York City: The Alumnae Association herewith expresses profound and sincere sympathy to the family and friends of Sophia F. Palmer, and to the AMERICAN JOURNAL OF NURSING in the passing away of the editor, Miss Palmer. Her loss is felt most keenly and the best tribute we can offer is to try and follow where she led.

From Inez C. Lord, superintendent of nurses, Rhode Island Hospital, Providence: Please permit us to take this opportunity to add the expression of deep regret and sense of loss that the nurses of our school, in common with all throughout the country, must feel in the death of Miss Palmer.

From St. Joseph's Hospital Alumnae, St. Joseph, Mo.: A Memorial. A true friend to suffering humanity, a noble and generous worker has gone to her reward, but thanks that her example, the spirit that actuated her, still is an inspiration to her sister nurses who deem it an honor and a privilege to have been a co-worker with her. During a busy life, Miss Palmer filled numerous posts

of honor and in them utilized her remarkable talent for organization to the betterment of any work with which she was connected.

From the Nurses' Alumnae of the Woman's Hospital of Philadelphia: Resolved, that as all nurses owed a debt of gratitude to Sophia F. Palmer for her very helpful advice, example, and service, also by her articles in the JOURNAL, that we try to repay it in honoring her memory, by trying to follow in her footsteps, helping each other in every manner, and by active coöperation, foster the spirit of loyalty among nurses.

A CONCERT AT THE FLORENCE NIGHTINGALE SCHOOL, FRANCE

Dear Editor: Enclosed I am sending you an account of the concert the nurses of the Florence Nightingale School gave on their own initiative. I am sure you and your many readers will be interested to hear of their splendid efforts. I was deeply impressed by the excellence of the literary and artistic talents displayed. Doctor Hamilton was very pleased with her "surprise party."

On Sunday afternoon, April 18, it was my privilege to attend a Concert with Lottery, organized and executed by the graduate and student nurses of the Florence Nightingale School at Bordeaux, for the benefit of their new hospital fund. It was given in honor and as a complete surprise to Doctor Hamilton. And it was a most pleasant surprise to their many friends present. The hospital was beautifully decorated with spring flowers. Each nurse, according to her various talents, had made several articles for the "Loterie." Wonderful laces and embroideries, exquisitely made baby clothes, hand painted porcelain, a large market basket with a still larger rabbit, covered with fresh vegetables, were some of the many things you could buy chances on. The concert program was varied and interesting. The opening number, a four-handed Symphony by Beethoven was played by Mesdemoiselles Holland and Aeschiman. Next a poem, "That Which is Permitted, That Which is Forbidden" (while in a training school) was written by Madame Tétignae, a graduate nurse, and recited by Mademoiselle Guibal. Afterwards, all the nurses sang Gluck's Chorus of Orpheus. It was masterfully rendered. Perhaps the most popular numbers on the program were the "Ronde des Oiseaux," the "Ronde des Saisons" by Jacques Dalaze, and a charming Brittany song by Botrel, sung and acted by darling little girls aged from 7 to 10 year, all taking corrective exercises in the children's gymnasium at the hospital. A dialogue in verses, written by Madame Tétignac, between the Ancient Nurse, Mademoiselle Riou, and the Modern Nurse, Madame R. Forzano, cleverly acted, kept the audience in a continuous uproar of laughter. Another dialogue in verses, also written by a nurse, Mademoiselle Bravais, The Soul of the Florence Nightingale School, the Spirit of the Home, interpreted by Mesdemoiselles Paron and Vurpillot, was an instructive discussion of the benefits derived from a good education at home before entering the training school. Both of the dialogues were excellent propaganda for the general public, as there is still an idea in France that nurses need little, if any, education. Mademoiselle Cormier, in a lovely shepherdess costume of the period, sang four Louis XV Bergerettes charmingly, and Mademoiselle Charensol recited "La Dame à La Lampe," adapted from Longfellow. The concert ended with the singing by the nurses of a new school song written for the occasion, "Vive a Jamais Doctor Hamilton and the New School at Bagatelle." Refreshments and cakes of all kinds, prepared by the nurses themselves, were served in the lovely old garden. Thus ended a very successful afternoon, with the handsome sum of eight thousand francs added to the fund for the new hospital. If the American nurses, who subscribed so generously to the new

School Fund, could have been present Sunday, they would have realized how deeply their French sisters appreciate having such a wonderful memorial entrusted to their keeping, and how determined they are that the high ideals of the Florence Nightingale School shall become those of the entire nursing profession of France.

GESTRUD CLARK CHELSEA, R.N.

Class of 1912, Presbyterian Hospital of New York.

GOOD COUNSEL

Dear Editor: I am sending some extracts from our president's address, read at our annual meeting, as I feel it is too valuable not to be more widely read.

H. G.

The present time is apparently one of general unrest. Nothing seems stationary. Ideas and ideals seem to be changing. We must expect changes for the march of progress demands it. However, there are some things about which we should think very carefully before any change is made. If we put our ears close to the ground we hear rumblings and there seem to be rumblings in the nursing profession. We know that the eight-hour day for student nurses is in operation in many places, but I do not know of any state, county or city where the superintendent of a nurses' training school, the private duty nurse, the public health nurse, or the institutional worker, can stop their work when the clock tells them that they have worked eight hours. Nor do I believe that we shall ever be able to do this, for unlike the trade and industrial groups, where the individual worker is helped by what is done for the group, the medical and nursing professions, while dealing with groups, must always deal with the individual for the benefit of all. We are too prone to compare the work of the nurse who is dealing always with that most precious thing, human life, with the work of other groups of women who deal only with inanimate objects. So the relation of the nurse, as I see it, will always be more or less of an individual one, and for this reason I cannot see how we are going to continue our ideals in the nursing profession if we find our work limited by arbitrary time limits. The unity of nurses as a profession is another topic that comes to mind. It has seemed to me of late, that the nursing profession is almost in danger of being disintegrated by the branches of the profession. Many people who are more interested in public health nursing than in other branches of the profession feel that public health nursing is the profession. Those interested in hospital work perhaps have felt that their particular line was the nursing profession. Those doing private duty nursing have felt that theirs was the most important, and so on. No matter what particular branch of nursing we undertake, we are first and foremost and always nurses. In order to further any particular branch of nursing, the whole nursing profession must be back of it if it is to be successful. It matters not what we may achieve be it in private duty, public health or hospital work, whether it be in the army, the navy or the public health service, in the final analysis our achievements will be recorded not in terms of specialties but in terms of nurses. It matters not what may be our specialty, the nursing profession is a work for the benefit of mankind and to further the interests of our profession for the benefit of mankind is our only reason for existence."

STUDENT NURSES HELPING TO OVERCOME SHORTAGE OF APPLICANTS

Dear Editor: Nurses everywhere are confronted daily with an attempt on the part of those who have lower ideals, to shorten the course in our training

schools and lower the standards of the profession by legislation that is short sighted and unscrupulous. Those who are aware of the existence of the menace, especially those in our larger training schools where recruiting pupil nurses is a part of the problem, are fighting the tendency with every means in their power. In this connection it is refreshing to note that fifty-four nurses in the junior and probation classes of the University of Michigan Hospital have framed and signed, entirely upon their own initiative, the following statement: "We, the undersigned, do hereby pledge, at our own pleasure and suggestion, each to do her best to recruit at least one qualified applicant for acceptance on probation in the September class of the University Hospital, Ann Arbor, Michigan."

Michigan

A. E. C.

AN ORGANIZATION OF ANESTHETISTS

Dear Editor: Will you kindly inform me whether the nurse anesthetists of this country have an organization or not? It seems to me, considering the number of nurse anesthetists who are employed by the various hospitals in different states, that there should be an organization, or some way in which we could get together and discuss the various problems which arise in our branch of the nursing profession. I think we could be of help to each other in various ways, by exchanging ideas once in a while, especially as the nurses of all the other important branches have gotten together and formed organizations or societies. I have not as yet learned of one for anesthetists. This is a branch which seems to be growing very rapidly, and I think it is well worth specializing.

Massachusetts

R. A. C.

AN INTERESTING EXPERIMENT

Dear Editor: I wonder if some of our older nurses would like to try my experiment. After five years of institutional nursing and eighteen years of private duty, I decided to try taking obstetrical cases in my own home. I began last June and have five or six cases booked ahead nearly all the time. Occasionally I have a chronic case of heart trouble, and just now I have a paralytic who does not require much nursing, which adds a little variety to the work. I have three rooms in my home which I can use for patients, and I feel that is all I can care for at once. I like it much better than private duty, and it is much more remunerative.

Ohio

J. M. H.

SERVICE

Dear Editor: L. M. F. says, in the *May Journal*, "To minister to a just reaping of sin and wickedness." Who are we to judge even the lowliest? Can you look forward into the years and say: "I will never be in such a deplorable condition?" You cannot. You are captain of your Soul, but circumstances, environment, chance all play an important part in the tableau of your life. Some day you will want the service of a kindly hand even though you may be surrounded by wealth and luxury. Keep that day in mind and see how it will lessen the odiousness of it.

Rhode Island

V. T. K.

OLD COPIES OF THE JOURNAL

I.

Dear Editor: I have the following old copies of the *Journal* to offer for sale: Volumes 9, 11, 13, 14 and 19 complete; nearly all of volumes 8, 12 and 17, and odd numbers of all the volumes after 1908.

Box 215, Winthrop, Minn.

MARIE BOTHMAN.

II.

Dear Editor: I have all the numbers of the *Journal* from and including 1907 to the present date, with the exception of two or three numbers in 1912. All these old copies I will gladly give to any person or institution wishing them, who will pay the freight or express. I wish to dispose of them in one shipment.

Gallup, New Mexico

Mrs. J. H. CODDINGTON.

III.

Dear Editor: We should like to obtain the following old *Journals* to complete our files: December, 1900; all of 1903; April, May, June, August, September, 1918; March, October, November, December, 1919; January, February and March, 1920. In exchange for these magazines we shall be glad to give: January, February, March, April, May, June, August, September, October, November, December, 1914; all of 1904, 1905, 1909, 1912, 1913, 1915, 1916, besides many extra copies of these volumes.

12 Bungalow Park, Indianapolis, Ind.

GRACE M. COOK.

COPIES OF LEAGUE REPORTS

Dear Editor: I have copies of the League Reports from 1905 to 1908, inclusive, which I can supply to any institution needing them if they will give me shipping instructions.

Box 24, Coopersburg, Pa.

CLARA V. HARING.

RANK FOR NURSES,—THE PRESENT SITUATION

The Senate on April 6 unanimously agreed to the proposed legislation for Rank for Nurses and on April 20 passed the whole Army Reorganization bill, including the section on Rank.

Shortly thereafter the House and Senate Reorganization bills went to the Conference Committee, consisting of five members from each House. During the past four weeks these men have been trying to reconcile the differences between the two bills, which are not only numerous but fundamental.

An apparent deadlock has been reached on the issue of the National Guard. If it continues, the Army Reorganization bill may fail of enactment before the proposed recess on June 5. In that event Rank for Nurses would also fail of final passage. The Conferees are, however, making an earnest effort to reach some agreement and there is still hope that the legislation will not fail.

Washington, D. C.
May 21, 1920.

HELEN HOY GREELEY.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

MEMORIAL FUND FOR THE NIGHTINGALE SCHOOL, BORDEAUX, FRANCE

(Contributions received up to May 15, 1920)

Previously acknowledged.....	\$35,066.44	Montana	1.05
(Also 240 francs)		Missouri	1.00
Alabama	8.00	North Dakota	1.00
California	438.50	New Jersey (including one	
Colorado	3.00	Liberty Bond)	233.00
Connecticut	72.25	New York	1,802.80
Georgia	10.00	Ohio	239.85
Illinois	354.00	Pennsylvania	326.50
Indiana	69.00	Rhode Island	5.00
Kansas	9.30	Texas	21.00
Kentucky	15.00	Utah	16.50
Louisiana	2.00	Washington	8.25
Maine	50.00	Wisconsin	41.00
Massachusetts	94.00	Nurses attending Atlanta Con-	
Michigan (including one Lib-		vention	532.00
erty Bond)	220.00		
Minnesota (including two			\$39,921.44
Liberty Bonds)	281.00		

Contributions to the Memorial Fund should be sent to THE AMERICAN JOURNAL OF NURSING, 19 West Main Street, Rochester, N. Y., and checks or money orders should be made out in the name of the JOURNAL. Do not send such contributions to Mrs. Twiss.

THE NURSES' RELIEF FUND, REPORT FOR APRIL, 1920

Previously acknowledged	\$2,512.64
Interest on Bonds	20.00
Interest on Liberty Bonds	265.00
Colorado: Martha M. Russell, Boulder	\$1.75
Connecticut: Helen C. Malcolm, \$3.00; Charlotte M. Abbertine, \$2.00	5.00
Iowa: Mercy Hospital Alumnae Assn., Davenport	25.00
Louisiana: State Nurses' Assn.	25.00
Maine: Alum. Assn., Central Maine General Hospital, Lewiston	25.00
Maryland: Evelyn Oliver, Baltimore	15.00
Massachusetts: M. Anne Withrow, Worcester, \$5.00; Worcester City Hospital Nurses Alum. Assn., \$25.00	30.00
Michigan: District Assn. No. 4, \$20.00; District Assn. No. 13, Calumet, \$5.00; District Assn. No. 14, \$10.00; Michigan State Nurses' Assn., \$88.00	123.00
Missouri: Elise R. Pippereit, Kansas City, \$2.00; Alum. Assn., St. Luke's Training School, St. Louis, \$10.00	12.00
New Jersey: Anna L. Bryan, Morristown, \$1.00; Mary E. Bennett, Englewood, \$2.00	3.00
New York: Anne E. Rece, New York City, \$5.00; French	

Hospital Alum. Assn., \$10.00; Ella Zimmerman, Highland, \$1.00; Marion Price, Anna MacPherson, Mrs. Anna B. Polly, Mrs. George W. Chambers, Katharine DeWitt, Rochester, \$1.00 each; Yvonne G. Waters, Rochester, \$10.00.....	31.00
Mrs. Wm. Kinnicutt Draper, New York	25.00
North Dakota: N. D. State Association.....	2.00
Ohio: District Assn. No. 12, \$25.00; Anna Davies, Canton, \$3.00; Marjorie Cole, \$1.00; Mary M. Lechner, \$1.00; Alvina Morgan, \$37.00; Lois Blagg, \$1.00; Maude Shirar, \$2.00; Ruth Pritchard, \$1.00	71.00
Pennsylvania: Hahnemann Hospital Alum. Assn., Philadelphia	15.00
Utah: St. Mark's Hospital Alum. Assn., Salt Lake City.....	6.00
Virginia: Martha D. Baylor, Richmond	1.00
West Virginia: Mrs. Susan Cook, Wheeling	10.00
	<hr/> 425.75
	<hr/> \$3,223.39
Gift of \$100 Liberty Bond, New York Post Graduate Training School Alum. Assn., through Sarah J. Graham, New York City, District No. 12.	
Relief granted to eight applicants during April	\$120.00
Exchange on checks50
	<hr/> 120.50
Balance May 1, 1920	\$ 2,102.89
Invested Funds	26,200.00
Total	<hr/> \$28,302.89

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 14 East 50th Street, New York City, and the cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address E. E. Golding, chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, Treasurer.

U. S. PUBLIC HEALTH SERVICE

Lucy Minnigerode, Superintendent of Nurses, and thirty Chief Nurses attended the meeting of the American Nurses Association at Atlanta. The following appointments and promotions are announced:

Mary Moran, Assistant Chief Nurse, Houston, Texas, promoted to Chief Nurse, Houston, Tex.; Gertrude Stowell, Perryville, promoted to Chief Nurse, Perryville; Viola Robinson, Chief Nurse, Perryville, Md., transferred as Chief Nurse, St. Louis, Mo., No. 18; Anna Daly, Chief Nurse, Houston, Texas, transferred as Chief Nurse, Boise, Idaho, on opening of hospital there; Anna Lucie Curry, appointed Assistant Chief Nurse, Ellis Island, N. Y. (Island No. 2).

Hospital No. 52, Boise, Idaho, was opened, April 19, 1924. Capacity, 250 beds. New hospitals will be opened soon at Arrow Head Springs, Calif.; Dwight, Ill., and Lake City, Fla.

LUCY MINNIGERODE, Superintendent, U. S. P. H. S.

THE ROYAL RED CROSS WARRANT

In 1883, Queen Victoria instituted the decoration called the "Royal Red Cross," to be awarded for special services rendered in nursing the sick of the Army and Navy. In November, 1915, King George abrogated the terms of the

Decoration, and instituted new ordinances, of which the following is a summary. There are two classes of the Royal Red Cross. It may be bestowed upon members of the Nursing Services without restriction as to rank, or upon other persons engaged in nursing duties, whether subjects or foreign persons, who have been recommended by the Secretary of State for War, or by the First Lord of the Admiralty, for special devotion and competency displayed in nursing duties, with the Army in the Field, or in the Naval and Military hospitals. The number of awards in the first class must not exceed two per cent of the total nursing establishment, and in the second class must not exceed five per cent of the establishment of nurses. There is also a provision for honorary membership for those who may give voluntary service in the establishment and conduct of military hospitals, or assisting in them, either at home or abroad, and whether the recipients are subjects or foreign. In order to effectually preserve pure the distinction of the Royal Red Cross, it is ordained that the name of any one bringing disrepute to the Decoration, shall be erased from the register.

Julia C. Stimson, superintendent of the Army Nurse Corps, was signally honored when, on March 31, she acted as sponsor to the army transport "Chaumont" at Hog Island, Pa., in the presence of General Pershing, a large gathering of officers, and many ex-service men. The transport was named for the French city where for so many months General Pershing made his headquarters. In choosing Miss Stimson as sponsor of the transport, the Army Nurse Corps receives recognition for the splendid work done during the war by the nurses of whom she is the head.

The Modern Hospital, having outgrown its former quarters, has removed its offices to its own building at 22-24 East Ontario Street, Chicago. This is within a few blocks of the American Medical Association building, and is close to the new home of the American College of Surgeons.

MEDALS FOR SPANISH-AMERICAN WAR NURSES

The United States Government is now distributing medals for military service in past wars. There are six of these, to one or more of which most of our members are entitled, viz.: (1) Spanish campaign medal: for service ashore in or on the high seas enroute to Cuba, between May 11 and July 17, 1898; (2) Philippine campaign medal: for service ashore in Philippine Islands, between February 4, 1899, and July 4, 1902, or in the Department of Mindanao, P. I., between February 4, 1899, and December 31, 1904; (3) China campaign medal: for service ashore in China with the Peking Relief Expedition, between June 20, 1900, and May 27, 1901; (4) Cuban Occupation medal: for service in Cuba with the Army of Cuban Occupation, between July 18, 1898, and May 20, 1902; (5) Porto Rico Occupation medal: for service in Porto Rico, between August 14, 1898, and December 10, 1898; (6) Spanish War service medal: for service of not less than ninety days in the war with Spain, between April 20, 1898, and April 11, 1899, but not given to those who are eligible to receive the Spanish Campaign medal.

To obtain medals write to Rose M. Heaven, 345 Ellsworth Avenue, New Haven, Conn., stating to which medals you are entitled, and she will send the necessary blanks. Your statements on these blanks will be verified by the official records of the Nurse Corps, so no proof is wanted from you. If application is for number 6 above, it will be mailed you free, but if for any of the other medals, you will receive a permit to purchase them (65 cents each).

The heirs or proper legal representatives of deceased nurses who rendered the necessary service may also obtain these medals. Nurses who served only in

the United States, and that for less than ninety days, are not entitled to any medal.

Each medal has a "ribbon" corresponding to it, and supplied with it, and also a lapel button to be worn in ordinary dress. After receiving a medal, its button may be bought for 15 cents from the "Badge Section, Zone Supply Office, U. S. Army, Washington, D. C."

The medals may be worn with uniform or civilian clothes, but "only on ceremonial occasions." The ribbons are worn in uniform, in a row on the left breast, but never at the same time as the medals. The army rule is that no other medals or badges shall be worn at the same time as these official emblems, except that society badges commemorative of wars, such as the S. A. W. N. pin, may be worn below the official ones when one is attending a meeting of such a society.

Our members who went to Japan during the Russo-Japanese war will wear their Japanese medals at the same time as the U. S. official ones, placing the Order of the Crown above the rest and the other three in a row to the left of and level with those from the United States.

Members who served in the recent war will obtain particulars from the War Department as to order of precedence of their medals.

ROSE M. HEAVEN,

Correspondent, Spanish-American War Nurses.

Alabama.—THE NURSES' BOARD OF EXAMINATION AND REGISTRATION OF ALABAMA will hold an examination for the registration of nurses in Birmingham on June 21 and 22; in Mobile, June 21 and 22; and in Montgomery June 24 and 25. Application blanks may be procured from the secretary, Helen MacLean, 2430 N. 11th Ave., Birmingham, Ala. All applications and credentials must be filed with the secretary at least ten days prior to the date set for the examination.

Canada: Nova Scotia: Halifax.—VIRGINIA KILRAINE has resigned as nurse in charge of the Anti-tuberculosis Clinic. She was a pioneer in this work in Halifax, and was very successful. **Guelph.**—MISS FORTIN, superintendent of Guelph General Hospital, has resigned because of illness.

Connecticut: New Haven.—A FLORENCE NIGHTINGALE CENTENNIAL PROGRAM was presented at the New Haven High School on May 12, under the auspices of the Connecticut Training School, Grace Hospital Training School, St. Raphael Training School and the Visiting Nurses Association. The program consisted of tableaux, films, demonstrations of modern nursing and public health work.

District of Columbia.—COLUMBIA HOSPITAL graduates have organized an alumnae association to conform to the plan of reorganization of the American Nurses' Association. The following officers were elected: President, Mrs. Helen Leah; vice-presidents, Effie Moore, Mrs. Ethel Bland; secretary, Editha Thurber; treasurer, Mrs. Abigail F. Brown; directors, Helen Courtwright, Ainsie Schultz, Augusta Scott and Ethel Vaughn.

Georgia.—THE STATE BOARD OF EXAMINERS OF NURSES FOR GEORGIA will hold examinations in Atlanta, Savannah, Augusta and Macon on June 3, 4 and 5. Applications must be on file with the Secretary, Louise N. Hazlehurst, R.N., 110 Luckie Street, Atlanta, at least ten days in advance of above dates. **Macon.**—DISTRICT NO. 6 held a meeting early in May, at the Macon Hospital Nurses' Home. Cleo McLaughlin gave an interesting talk on work in China, and Mamie Nagy-Haas made a report from the Atlanta convention. A committee was appointed to consider the need of a central directory. The next meeting will be held in Americus, June 18.

Illinois: Chicago.—THE ILLINOIS TRAINING SCHOOL announces a six weeks' postgraduate course from July 7 to August 18, for nurses in executive positions. All applications must be received prior to June 7. Applicants must be graduates of an accredited high school and an accredited school of nursing. ILLINOIS TRAINING SCHOOL held its graduating exercises May 25 in St. Paul's Methodist Church. There were fifty-one graduates. ST. JOSEPH'S HOSPITAL alumnae are reported as follows: Eva Donoit, class of 1911, entered the novitiate of the Sisters of Charity in St. Louis, on January 4. Miss Donoit was very active in public health work, and in 1917 served in Russia with the First American Red Cross Unit. Josephine Truts, class of 1919, has accepted a position in St. Joseph's Hospital. Mary Moran, class of 1918, is doing public health work. Rachel Cook, class of 1917, is in charge of the social service department of the hospital. Margaret Kearns, class of 1916, is superintendent of nurses at St. Mary's Hospital, LaSalle, Ill. ST. LUKE'S HOSPITAL held its graduating exercises May 27, at St. James Church. The commencement reception was held, May 28, at Stickney House. HAHNEMANN HOSPITAL GRADUATES are reported as follows: Laura Nicholson, class of 1915, has gone to India as a missionary nurse. Gene Gaylor, class of 1918, has accepted the position of superintendent of nurses at Goshen Hospital, Goshen, Ind. Caroline Nelson, class of 1915, is doing industrial nursing at the Chicago Felt Works. Nora Johnson, class of 1918, is doing industrial nursing at the National Lead Works. ADDA ELDREDGE, Interstate Secretary, addressed the Hahnemann, Michael Reese and Streeter Alumnae in a joint session May 6, at Hahnemann Hospital. RUAH B. HOLBROOK, graduate of Wesley Memorial Hospital, is assistant to Miss Knapp. PRESBYTERIAN HOSPITAL NURSES organized a chorus last fall, of which there are now ninety members, composed of Presbyterian nurses, and some students from two neighboring schools. Three concerts have been given by the Chorus, the last one being at Orchestra Hall, the evening of the Florence Nightingale Centennial. The Chorus is under the direction of the Civic Music Association, which selects the music and conductor, and the work of the year has been most successful. Presbyterian Hospital graduates are reported as follows: Ruth Johnston, class of 1919, is first assistant superintendent in Mining Hospital at Ziegler, Illinois. Glenn McDougal, class of 1911, has resigned her position with the Chicago Telephone Company and has gone to Los Angeles, California, to do laboratory work. Mary Wilson, class of 1908, has given up her position as medical supervisor at the Presbyterian Hospital, to be with her family in Traer, Iowa. Edna McCullough, class of 1917, resigned her position in charge of the Out-Patient Obstetrical Department, to take up Public Health and Welfare Work in Logansport, Indiana. Margaret Wray, class of 1919, assisting Miss McCullough at night, will succeed Miss McCullough. Lelin Townsend, class of 1919, taking the night work. Mae Howe, class of 1913, has been doing public health work in Canton, Illinois, since April 1. Celeste Firkins, class of 1913, has been located in Santa Barbara, California. Miss Firkins has recently finished the public health course in Chicago, and plans to do this work in California. Vera F. Hickcox, having completed a public health course in Chicago, will do public health nursing in Morenci, Arizona. NINE CHICAGO NURSES have been assigned to U. S. Public Health Hospitals. SEVEN CHICAGO NURSES have recently returned from Siberia, where they were doing reconstruction work under the Red Cross. Alice F. Calvert, graduate of City Hospital, Cleveland, Ohio, who has just graduated from the School of Oratory, Northwestern University, Evanston, assumed her duties in the Central Division as Educational Secretary, May 1. Rockford.—

ELIZABETH K. SMITH has been appointed superintendent of the Rockford Hospital.

Indiana: Indianapolis.—AT A RECENT MEETING of the city board of health, a committee was appointed to consider plans for a nurses' home at the City Hospital. **Fort Wayne.**—FT. WAYNE LUTHERAN HOSPITAL TRAINING SCHOOL held its annual commencement exercises May 6, at St. Paul's Auditorium. Dr. W. O. Gross and Rev. Louis Nuechterlein were the principal speakers. Rev. August Lange, secretary of the Hospital Association, presented the diplomas to the 24 graduates. The hospital insignia and the gift of the Hospital Ladies' Aid Society, a set of instruments, were presented by the superintendent of nurses, Anna M. Holtman. A reception given by the Ladies' Aid Society followed the exercises.

Iowa: Cedar Rapids.—CEDAR RAPIDS graduate nurses have organized for social purposes, and meet every three weeks. In this way strange nurses in the city become acquainted. **Des Moines.**—DISTRICT No. 7 held a party and was entertained on March 17 at the Y. W. C. A. A short meeting was held and a delegate to the Atlanta convention was elected. St. Patrick's Day sports were enjoyed. On April 7, at the close of the business meeting, Mrs. Mary Marshall and Mrs. Jackson addressed the nurses. The year's program includes an attendance contest of the various Alumnae. The loser is to furnish the entertainment at the end of the year. **Ottumwa.**—DISTRICT No. 2 held a meeting March 20. After the business session, papers were read by Clara Kehoe, on Private Duty and by Esther Allbright, on Professional Problems. Following a dinner, the evening was devoted to Public Health Nursing, addresses being made by Lola Yerkes, Elba Morse, Anna Drake and Isabel Kellman. Sadie Allott, Night Supervisor of Ottumwa Hospital, resigned her position on April 1. Jeannette Jones, class of 1918, Ottumwa Hospital, leaves soon for Korea, where she is sent by the Presbyterian Board. Jefferson County Hospital and Washington County Hospital sent student nurses to the University Hospital for affiliation in Children's diseases and orthopedics on April 1. Merle Wright, graduate of the School of Civics, is county nurse in Jefferson County. **Oskaloosa.**—MAHASKA COUNTY HOSPITAL held graduating exercises on March 23. There were four graduates. Dr. K. L. Johnson made the address. **Sioux City.**—THE SIOUX CITY PUBLIC LIBRARY has recently established a department of Hospital Library Service for all of the hospitals of the city. Over 5,000 books were contributed by the citizens of Sioux City, which were distributed to the different hospitals, each one having a permanent collection of from 300 to 500 books. Current magazines are in great demand by patients, and are furnished by the Boy Scouts and Catholic Cadets, and through donations of magazine jobbers. A Hospital Librarian has been appointed, who visits each hospital twice a week to keep in touch with the demands of the patients. Particular precautions are taken to prevent the spread of infection, no books being taken to patients having contagious or infectious diseases. In the children's wards, puzzles, cut-outs and paper and rag dolls are furnished, and the librarian story-teller amuses the little patients. **Mason City.**—DISTRICT No. 10 was organized in the Chamber of Commerce rooms, April 5. Sister Thaddeus is president, and Ruby Wiley, secretary.

Maryland.—MARYLAND STATE ASSOCIATION OF GRADUATE NURSES gave a Florence Nightingale Centennial program on May 12, in the Associate Congregational Church, Baltimore. The address, "Lessons from the Life of Florence Nightingale," was given by Dr. Howard A. Kelly. There were also motion

pictures, and a roll call of the graduating classes of the state of Maryland. Baltimore.—**JOHNS HOPKINS HOSPITAL** held its graduating exercises on May 12, at the Broadway M. P. Church. There were sixty-four graduates. The address was made by Dr. J. Whitbridge Williams, dean of the Medical Faculty of Johns Hopkins University; Hon. Henry D. Harlan, president of the board of trustees of Johns Hopkins Hospital, awarded the scholarships, and the diplomas were presented by Dr. Winford H. Smith, superintendent of the Johns Hopkins Hospital. Berenice Conner, class of 1912, University Hospital, has been appointed public health nurse for Baltimore County by the Red Cross. Her headquarters are at Towson.

Massachusetts.—**THE BOARD OF REGISTRATION OF NURSES** will hold an examination for applicants for registration June 22 and 23, at time and place which will be designated on admission cards issued on the filing of applications. Applications must be filed at least five days before the examination date with Walter P. Bowers, secretary, State House, Boston. Boston.—**MASSACHUSETTS GENERAL HOSPITAL** alumnae held a meeting, April 27. On April 24 they gave an "Alice in Wonderland" party in the Nurses' Home, the proceeds to go toward the Training School Endowment Fund pledge. A group of fifteen young students in the Massachusetts General Hospital have just established a club for the study of the larger professional interests of nursing, in which they expect to use the *Journal* a good deal. They are going to name it the Sophia F. Palmer Club, in her memory, and hope to honor her in the quality of work they propose to do.

Michigan.—**THE MICHIGAN STATE NURSES' ASSOCIATION** will hold its annual meeting at Calumet, June 30, July 1 and 2. **THE MICHIGAN HOSPITAL ASSOCIATION** is conducting a campaign to recruit at least one thousand new pupils for the Michigan training schools. The state is divided into twelve districts, with committees in each district, and it is believed that every high school and college girl in the state will be reached through personal letters, circulars, posters, public speakers and the press. During recruiting week the hospitals of the state will be open to the public for inspection. A feature of the campaign was the Florence Nightingale celebration on May 12. Detroit.—**THE TRAINING SCHOOLS OF THE DETROIT HOSPITALS** held joint commencement exercises on May 12 at Orchestra Hall. **FARRAND TRAINING SCHOOL** gave a reception to the graduating class, May 13, at Harper Hospital. There were fifty-four graduates. Flint.—**THE SENIOR CLASS OF HURLEY HOSPITAL TRAINING SCHOOL** entertained the senior class of the Flint High School at an informal reception May 6th. A short musical program was given by the nurses, after which the class was shown through the home and hospital. Refreshments were served.

Mississippi.—**THE MISSISSIPPI STATE BOARD OF EXAMINERS OF NURSES** will hold an examination for applicants for registration, July 5 and 6, at the Capitol Building, Jackson, Miss. Applications should be filed with the secretary, J. P. Cox, Natchez, fifteen days prior to date of examination.

New Jersey: Paterson.—**PATERSON GENERAL HOSPITAL ALUMNAE ASSOCIATION** held its annual linen display recently, when many pieces were collected to be used in the Children's Ward. The Alumnae gave a dance in honor of the graduating class in May. Sixty dollars has been collected for the American Relief Fund, and \$106.00 for the Nightingale Memorial Fund. Jersey City.—**NURSES' CLUB OF HUDSON COUNTY** held its annual dinner May 20, at the Elks' Club. At the business meeting, held May 3, the following officers were elected: President, Mrs. C. B. Kelley; vice-presidents, Louise Cosgrove and Mrs. William Horning; treasurer, Ida M. Shute; secretary, E. Louise Knowles. Asbury Park.—**THE**

NEW JERSEY BUREAU OF CHILD HYGIENE will hold the first conference on Child Hygiene of a state-wide character, June 12-14. The state legislature has appropriated \$150,000.00 for the Bureau's work. Prominent authorities on Child Hygiene will present, and many aspects of the work will be discussed.

New York.—THE NEW YORK STATE BOARD EXAMINATION FOR REGISTRATION OF NURSES will be held June 29, 30, and July 1 at New York, Albany, Syracuse and Buffalo. Buffalo.—DISTRICT No. 1, Western New York, held its monthly meeting at the Homeopathic Hospital, April 21. The regular business was postponed, and the time was given to reports from the Atlanta convention, by Miss Simsebox and Mrs. Hansen. A social hour followed the meeting. THE SISTERS OF CHARITY HOSPITAL ALUMNAE entertained the graduating class at their April meeting. Sister Angelica Howell, recently appointed superintendent, gave an interesting talk. The following officers were elected: President, Teresa Barron Baylies; secretary, Elizabeth Tighe; treasurer, Norine Laughlin. Rochester.—DISTRICT No. 2. THE GENESSEE VALLEY NURSES' ASSOCIATION held its April meeting at Mechanics Institute on the evening of the 27th, with the senior classes of the training schools of the District as guests. Reports of the convention at Atlanta were given by seven of the ten delegates who had been present, each presenting a different subject. The individual members of the Association were the hostesses. The news of the death of Miss Palmer came at the beginning of the meeting and all united in expressing appreciation of her life and sorrow at her loss. EMMA J. JONES, formerly superintendent of nurses at the Rochester General Hospital, has been appointed registrar of the Central Directory. Tradeau.—DISTRICT No. 3, Saranac Lake Graduate Nurses Association, met on May 4, with Alida B. Craig. The following officers were elected: President, Florence Struthers; vice-presidents, Catherine McDonnell, Jeanette MacDonald; secretary, Mary O. Smith; treasurer, Mrs. John Freer; trustees, Alice Finnigan, Madeline Smith. Amsterdam.—DISTRICT No. 10. AMSTERDAM CITY HOSPITAL ALUMNI ASSOCIATION held its annual meeting at the Nurses' Home, April 6. The following officers were elected President, Mrs. Elizabeth D. Simpson; vice-president, Florence DeGraff; secretary, Iona Vosburgh; treasurer, Ella McHefey. New York.—DISTRICT No. 13.—CITY HOSPITAL SCHOOL OF NURSING held its graduating exercises May 20 at the Nurses' Home. There were 49 graduates. THE PRESBYTERIAN HOSPITAL held its graduating exercises May 13. There were fifty-eight graduates. ST. LUKE'S HOSPITAL graduating exercises were held May 20. There were forty-nine graduates. ST. LUKE'S HOSPITAL TRAINING SCHOOL has formed an affiliation with St. Mary's Hospital for children. ST. LUKE'S ALUMNAE are reported as follows: Rosa Nickles, class of 1916, is in charge of the Anderson County Hospital, Anderson, S. C. Emeline H. Bent, class of 1916, is superintendent of nurses in the Protestant Hospital, Nashville, Tenn. Sarah Cannon, class of 1911, is assistant supervisor in the General Hospital, Stamford, Conn. Frances Hatch, class of 1906, is in charge of the Charleston General Hospital, Charleston, W. Va. Elizabeth LaRoy, class of 1912, is in charge of the eye and ear ward, including the operating room of that ward, of the Royal Victoria Hospital, Montreal. Marjorie Burwell, class of 1918, is doing child welfare work in Baltimore, Md. Georgina Taylor, class of 1912, is social service nurse for the Cathedral of St. John the Divine. Miss Taylor also takes full charge of the Fresh Air House of the Cathedral at Tonkins' Cove, Rockland County, N. Y. Brooklyn.—DISTRICT No. 14.—LONG ISLAND COLLEGE HOSPITAL ALUMNAE have elected the following officers: President, Mrs. J. W. Cavins; vice-presidents, R. C. Riker, Hazel McKee; secretaries, K. H. Schudell, A. Burgess; treasurer,

C. Roeborg; directors, M. Phelps, J. Weagant, E. Ring, A. Wiley and Mrs. T. Russell. THE TRUSTEES OF THE BROOKLYN HOSPITAL gave a reception to Kate Madden, the new directress of nurses, on May 3 at the Nurses' Home. Pupil nurses, alumnae and members of the hospital were present. Miss Madden is a graduate of Brooklyn Hospital. For some years she was superintendent of the Women's Hospital, Boston, and at the General Hospital, Hamilton, Ontario.

North Carolina.—NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its annual meeting, June 1-4, in Charlotte, with headquarters at Selwyn Hotel. June 1, public health nurses will have charge; June 2, hospital superintendents and League of Nursing Education; June 3, private duty nurses; June 4, election of officers and business meeting.

North Dakota.—NORTH DAKOTA STATE NURSES' ASSOCIATION held its eighth annual convention in the Community Rooms of the City Library Building, Bismarck, April 29 and 30. Adda Eldredge, Interstate Secretary, was present and was an inspiration to all who heard her, as she gave a vision of the fields and possibilities open to the nurses of to-day. The first evening was devoted to a Jane A. Delano memorial service, Miss Anderson presiding, when Red Cross caps and capes were loaned by the division headquarters. The local post of the American Legion attended, as well as a delegation of War Camp Mothers. A State League of Nursing Education was formed during the session. The convention closed with a banquet at McKenzie Hotel. The following officers were elected: President, Louise Hoerman, Bismarck; vice-presidents, Mrs. Gudrin Bondahl, Mandan, Josephine Stennes, Rugby; secretary-treasurer, Clara A. Rue, Minot; corresponding secretary, Esther H. Teichmann, Bismarck; directors, Ethel Sanford, Mabel Farr, Katherine Faust, Mildred Olson.

Ohio: Cleveland.—ST. VINCENT'S CHARITY HOSPITAL ALUMNAE, at their monthly meeting in May, adopted resolutions naming Directress Sister Mary Marcelline honorary president of the association, as a token of the devotion and affection existing between the members of the association and Sister Mary Marcelline. Akron.—MARIE A. LAWSON has resigned from City Hospital; she is resting. Youngstown.—HARRIET BEEK, a graduate of the Hartford Hospital, Hartford, Conn., has accepted the position of superintendent of nurses and principal of training school of the Youngstown City Hospital. Miss Beek is a woman of rare capability and a nurse of wide experience and succeeds Ada Rupert, who recently resigned. Miss Beek's assistant will be Lucy Virginia Ailer, a graduate of Lakeside Hospital, Cleveland. This hospital institutes the eight-hour system for nurses the first of May. Miss Eva Donaldson recently resigned as assistant superintendent of nurses of the Youngstown City Hospital to take up private duty. Katherine Pollock has accepted a position as industrial nurse for the Ohio Works, a branch of the Carnegie Steel Company. Columbus.—SEVEN COLUMBUS NURSES attended the Atlanta convention. THE PUBLIC HEALTH NURSES OF COLUMBUS held their monthly meeting April 28 at the Y. W. C. A. Lucilla Grapes made a very comprehensive and interesting report of the Atlanta convention, and urged the nurses to go to the convention in Seattle in 1922. Miss Cunningham and Miss McCallip of the Ohio State Board of Health gave a resume of their work through the state. There is remarkable organization, and a complete survey is being made for trachoma cases. THE SISTERS OF THE HOLY CROSS held their graduating exercises May 27, at Mt. Carmel Chapel.

Oklahoma.—THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS will hold an examination in Oklahoma City May 24 and 25, in the State Capitol Building. All applications must be in the hands of the secretary at least ten days previous to

date set. For further information address Edna Holland, secretary and treasurer, Box 277, Tahlequah, Okla.

Pennsylvania: Philadelphia.—SAMARITAN HOSPITAL NURSES ALUMNAE held their regular meeting March 30 in the Nurses' Home. It was voted to support the campaign for funds for Temple University. PRESBYTERIAN HOSPITAL ALUMNAE gave an informal reception and dinner on May 7, in honor of Caroline I. Milne on her twenty-fifth anniversary as directress of nurses of the training school. Representatives from each class presented greetings to Miss Milne. A gold wrist watch was given to her by the graduates. Miss Milne has always had the interests of the pupils at heart, and has had their loyal support. During the last year she instituted the eight-hour day and student government in the hospital. **Pittsburgh.**—MERCY HOSPITAL NURSES' ALUMNAE held their annual meeting April 29. The time of the annual meeting was changed to the last Thursday of January. The report of the delegate to the Atlanta convention was read. The following officers were reelected: President, Theresa F. Vogel; vice-presidents, Elizabeth A. Diebold, Margaret Conrad; secretary, Elizabeth Weisen; treasurer, Hilda McAttee. **Mercer.**—THE MERCER SANITARIUM TRAINING SCHOOL celebrated the centenary of Florence Nightingale by giving a series of tableaux representing her life.

Rhode Island, Providence.—ST. JOSEPH'S HOSPITAL NURSES ALUMNAE held its annual meeting at the Nurses' Home, January 30. Six new members were reported, and Mother Benjamin, The Sisters of St. Francis and Katherine Martin, superintendent of the training school, were elected honorary members. The association is flourishing. The following officers were elected: President, Katherine A. O'Brien; vice-president, Isabel U. Lavoie; secretary, Mrs. Lawrence O'Rourke; treasurer, Annie M. O'Brien; executive board, Hortense I. Lucitt, Bessie K. O'Brien, Mary E. Duchesne, Mrs. Katherine Trainor McGinn. St. Joseph's Alumnae held its annual dance and reception to the graduating class at Churchill House on May 5. THE SOCIAL WORKERS CLUB held a meeting March 23 at the Brown Union. Mrs. Maloney, of Boston, spoke on Mothers' Pensions. ADDA ELDREDGE, Interstate Secretary, addressed the League of Nursing Education and the Rhode Island State Association on March 23. Her addresses were greatly enjoyed. RHODE ISLAND HOSPITAL NURSES' ALUMNAE AND NURSES' CLUB have completed a course of lectures by Professor Theodore Collier, of Brown University. It is hoped that he may be able to give others next year. The Alumnae Association is trying to arrange for a course of lectures in Parliamentary law next fall. At the April meeting of the Alumnae Association Mrs. Francis G. Allison gave an address on Greece. At the May meeting, held May 4, Dr. H. P. Lovewell gave an illustrated lecture on Medicinal Plants. ST. BARNABAS GUILD held its May meeting at St. Stephen's Church, May 6. Saids Hallett spoke of her work at the missions in Thornton and Cranston. At the February meeting, Mrs. Levi B. Edwards spoke of her trip to Alaska. THE HOMOPATHIC HOSPITAL NURSES' ALUMNAE held a dance at the Plantations Club in May. The attendance was good.

South Carolina.—SOUTH CAROLINA GRADUATE NURSES' ASSOCIATION held its annual meeting in Sumter, following the Atlanta convention. The districts were well represented, and the work of organization is progressing well. Miss Eldredge and Miss Van de Vrede were present. The following officers were elected: President, Jane H. Fraser, 1523 Richland Street, Columbia; vice-presidents, Antonia Gibson, Sumter, Paycha Webster, Greenville; secretary, M. C. McAllister, 55 Hasell Street, Charleston; treasurer, Frances Striker, Hartsville; councillor, M. C. McKenna, Columbia Hospital, Columbia.

BIRTHS

On April 9, at Oberlin Hospital, Oberlin, Ohio, a daughter, Ida Elizabeth, to Mr. and Mrs. Leon C. Hull of Collins, Ohio. Mrs. Hull was Lola Losey, class of 1909, St. Joseph's Hospital, Philadelphia.

On April 16, in Philadelphia, a daughter, to Dr. and Mrs. Robert Gladstone Wilson. Mrs. Wilson was Bessie M. Greenfield, class of 1918, University of Pennsylvania Hospital.

On March 28, a son, Arthur James, Jr., to Mr. and Mrs. Arthur J. Murphy. Mrs. Murphy was Marguerite R. Fitzpatrick, class of 1916, Rochester General Hospital, Rochester, N. Y.

On April 8, a daughter, Eleanor Corine, to Mr. and Mrs. James O'Rorke. Mrs. O'Rorke was Josephine Tholens, class of 1915, Rochester General Hospital, Rochester, N. Y.

Recently, in Avon, N. Y., a son, Edward, to Mr. and Mrs. Edward Noble. Mrs. Noble was Clarabelle Hogmire, class of 1915, Rochester General Hospital, Rochester, N. Y.

On April 10, a daughter, Josephine Jane, to Mr. and Mrs. Charles G. Surlur. Mrs. Surlur was Violet Wickline, class of 1916, Stuart Circle Hospital, Richmond, Va.

On March 3, a son, Harry George, to Mr. and Mrs. Henry A. Brown. Mrs. Brown is a graduate of Michael Reese Hospital, Chicago, class of 1912.

Recently, in Goshen, Ind., a daughter, to Mr. and Mrs. Blough. Mrs. Blough was Salome Stutzman, class of 1912, Indianapolis City Hospital, Indianapolis.

On April 7, a daughter, to Dr. and George M. Laws. Mrs. Laws was Elizabeth Williams, class of 1910, Presbyterian Hospital, Philadelphia.

On March 12, a daughter, Katharine Lucille, to Mr. and Mrs. Jack Droter. Mrs. Droter was Alma McGuire, class of 1918, Altoona Hospital, Altoona, Pa.

On May 4, in Altoona, Pa., a son, Charles Joseph, to Mr. and Mrs. Charles O'Brien. Mrs. O'Brien was Nellie Herbert, class of 1916, Altoona Hospital.

On March 18, in Bethlehem, Pa., a son, Frank, Jr., to Mr. and Mrs. Frank Marston. Mrs. Marston was Wilda Singer, class of 1910, Lankenau Hospital, Philadelphia.

MARRIAGES

On April 6, Hortense Keefe, class of 1916, Rochester General Hospital, Rochester, N. Y., to William H. Mervin. Mr. and Mrs. Mervin will live in Detroit, Mich.

Recently, Flora B. Thompson, class of 1914, Rochester General Hospital, Rochester, N. Y., to Leon Parry. Mr. and Mrs. Parry will live in Rochester.

On April 14, in Sharon Hill, Pa., Emily Crofts, class of 1918, University of Pennsylvania Hospital, Philadelphia, to Ralph Eugene Ohmer. Mr. and Mrs. Ohmer will live in Sharon Hill.

On April 10, in Paterson, N. J., Ruth Hall, graduate of Barnert Hospital Training School, Paterson, to Everett Hall. Mr. and Mrs. Hall will live in Paterson.

On April 3, in New York City, Marion Elizabeth Ethridge, class of 1918, Bellevue Hospital, to Arthur Howard Hopkins. Mr. and Mrs. Hopkins will live in New York City.

On April 21, at Barre, Vt., Laura A. Dunbar, class of 1909, University of Pennsylvania Hospital, Philadelphia, to Sidney David Weaver. Mr. and Mrs. Weaver will live in St. Albans, Vt.

On April 15, in Amsterdam, N. Y., Gertrude H. Irving, class of 1915, Amsterdam City Hospital, to Edward G. Davey. Miss Irving was for some time school nurse in the public schools of Amsterdam.

On December 10, in Philadelphia, Eleanor E. Beisiegel, class of 1915, St. Luke's Hospital, Philadelphia, to Henry Howard Silling.

On April 20, Florence Horan, class of 1916, St. Joseph's Hospital, Reading, Pa., to James Schaefer. Mr. and Mrs. Schaefer will live in Rochester, N. Y.

On April 23, Jennie May Leininger, class of 1915, University of Pennsylvania Hospital, Philadelphia, to Joseph Christian Snavelly. Mr. and Mrs. Snavelly will live in Philadelphia.

On February 5, Agnes Thompson, class of 1918, St. Joseph's Hospital, Chicago, Ill., to George Immicus. Mr. and Mrs. Immicus will live in Chicago.

On April 5, Alma Kruger, class of 1917, Luther Hospital, Eau Claire, Wis., to George A. Webert. Mr. and Mrs. Webert will live at Rusk, Wis.

In March, in Louisville, Ky., Eula G. Slaughter, class of 1917, John W. Norton Memorial Infirmary, to G. B. Rogers. Mr. and Mrs. Rogers will live in Jackson, Miss.

On April 21, in Louisville, Ky., Jennie A. Raine, class of 1917, John W. Norton Memorial Infirmary, Louisville, to H. B. Raines. Mr. and Mrs. Raines will live in Rood House, Ill.

On March 15, in New York, Emma J. Pearce, graduate of Boston State Hospital, to Frank Preston. Miss Pearce served with the A. E. F. in France.

On January 10, in Minneapolis, Minn., Ethel Tull, class of 1917, Hahnemann Hospital, Philadelphia, to Ralph Darrel Foster. Mr. and Mrs. Foster will live in Minneapolis. Miss Tull was with the A. E. F. in France.

On October 26, in Baltimore, Md., Irene Keilner, class of 1918, Hebrew Hospital, Baltimore, to Samuel B. Ginsberg, D.D.S. Dr. and Mrs. Ginsberg will live in Washington, D. C.

Recently, Lottie Irene Walborn, graduate of the Samaritan Hospital, Philadelphia, to Rine C. Winey. Mr. and Mrs. Winey will live in Waterford, N. J.

In March, Naomi Helland, class of 1911, University Hospital, Baltimore, Md., to Mr. Strong of Carroll County, Md.

On March 31, Edna E. Hamilton, graduate of St. Luke's Hospital, New York, to Samuel Johnston McNeill, M.D. Dr. and Mrs. McNeill will live in Chicago.

On April 17, in New York City, Edith M. Fraser, class of 1914, St. Luke's Hospital, New York, to Arthur Landale Philips. Captain and Mrs. Philips will live in Hamilton, Ontario, Canada.

On April 4, in Norwalk, Conn., Bertha Salisbury, class of 1919, St. Luke's Hospital, New York, to Gilbert Beers. Mr. and Mrs. Beers will live in Atlanta, Ga.

On April 1, at Palm Beach, Fla., Esther Wood, class of 1911, St. Luke's Hospital, New York, to Robert Livingston Ireland.

On April 8, in New York, Ella M. Zimmerman, class of 1892, Orange Memorial Hospital, Orange, N. J., to M. Winter. Mr. and Mrs. Winter will live in East Orange, N. J.

On April 24, in Indianapolis, Ind., Ruth Hodges Wilson, class of 1918, Methodist Episcopal Hospital, Indianapolis, to Ned Barker. Mr. and Mrs. Barker will live in Warthington.

On May 1, in Bloomington, Ind., Finita Hutchinson, class of 1912, Indianapolis City Hospital, Indianapolis, to Bert Seward Beldon. Mrs. Beldon has been public health nurse in Bloomington for a number of years. Mr. and Mrs. Beldon will live in Bloomington.

On March 20, in Indianapolis, Ind., Ersel York, class of 1918, Robert W. Long Hospital, to August Jacob. Mr. and Mrs. Jacob will live in Indianapolis.

On May 7, in Indianapolis, Susan J. Genolin, class of 1917, St. Vincent's Hospital, to Leslie Maxwell, M.D. Dr. and Mrs. Maxwell will live in Indianapolis.

On April 10, in Indianapolis, Ind., Opal Shoelty, class of 1915, Methodist Episcopal Hospital, to S. A. Rogers. Mr. and Mrs. Rogers will live in Indianapolis.

Recently, in Indianapolis, Ind., Hazel Miles, graduate of Methodist Episcopal Hospital, Indianapolis, to Roy Smith, M.D. Dr. and Mrs. Smith will live in Indianapolis.

Recently, at Camp Lee, Virginia, Mabel Holmes, graduate of Methodist Episcopal Hospital, Indianapolis, Ind., to Henry Davis Hamilton.

Recently, Josephine Kahn, class of 1918, Youngstown City Hospital, Youngstown, Ohio, to Dr. Simmerly.

Recently, Mrs. Alice Heaps, class of 1917, Youngstown City Hospital, to David Davis.

Recently, Mary Gardner to Michael Graham. Mr. and Mrs. Graham will live in Denver, Colo.

On April 1, in Rushville, Ill., Jessie R. Lawler, class of 1909, Presbyterian Hospital, Chicago, to Curtis Mathews. Mr. and Mrs. Mathews will live in Rushville.

On April 14, in Riverside, Ill., Clara Eleanor Payne, class of 1916, Presbyterian Hospital, Chicago, to Joseph Gallagher. Mr. and Mrs. Gallagher will live in Hartford, Conn.

Recently, May Broughton, class of 1911, Presbyterian Hospital, Chicago, to Haws Judy. Mr. and Mrs. Judy will live in Chicago.

Recently, Phyllis Hammond, class of 1919, Illinois Training School, Chicago, to Dr. Ball. Dr. and Mrs. Ball will live in Chicago.

On April 6, Abigail Royce, class of 1912, Hahnemann Hospital, Chicago, to George W. Thompson.

On April 17, Muriel Cornell, class of 1919, Hahnemann Hospital, Chicago, to Jesse E. Messer.

On May 2, Edna Mae Covert, class of 1919, Hahnemann Hospital, Chicago, to Herbert B. Broomer, M.D.

On May 1, in Belding, Mich., Nellie Blanche Hall, class of 1902, Butterworth Hospital, Grand Rapids, to Justus W. Sheldon. Mr. and Mrs. Sheldon will live in Grand Rapids.

On April 4, at Elmdale, Kansas, Alva Stowers, class of 1915, Axtell Hospital Training School, Newton, Kansas, to Owen Hughes. Mr. and Mrs. Hughes will live in Americus, Kansas.

On April 3, in LaGrange, Ind., Mary Tasman, graduate of Lynn Hospital, Lynn, Mass., to Fred G. Brown. Mr. and Mrs. Brown will live in Boston. Miss Tasman served overseas with Base Hospital No. 44.

Recently, Frances McGill, class of 1917, Mercer Sanitarium Training School, Mercer, Pa., to Herbert Wysong. Mr. and Mrs. Wysong will live in Middletown, Ohio.

On April 12, Cordelia Hazlett, class of 1917, Mercer Sanitarium Training School, Mercer, Pa., to Thomas Andrews. Mr. and Mrs. Andrews will live in Bell, Cal.

On April 29, in Rochester, N. Y., Mrs. Genevieve Lynch, class of 1911, St. Mary's Hospital, to August Gilbert. Mr. and Mrs. Gilbert will live in Rochester.

DEATHS

On March 25, in Philadelphia, Mrs. Angus Post. Mrs. Post was Blanche Craig, class of 1910, Samaritan Hospital, Philadelphia. She was always a great favorite with her associates, of a very cheerful and happy disposition. Though a great sufferer for the past few years, she took a keen interest in life, and was an active

member of her alumnae association. Her patient and cheerful attitude toward and through her long illness will always be remembered.

On February 7, at her home in Roanoke, Va., after a short illness of acute pneumonia, Mrs. R. L. Robertson. Mrs. Robertson was W. L. Meier, class of 190, Jewish Hospital, Cincinnati, Ohio. She was a energetic, faithful worker all her life, at whatever she undertook. She was a great success in her profession, both at private duty and institutional work. She was superintendent of Brunswick Hospital, Brunswick, Ga., from 1908 to 1911. She probably acquired her last illness from overwork in the siege of influenza near her home. She was loved by many relatives and friends who mourn her.

On April 2, at her home in Philadelphia, Katherine L. Tait, class of 1901 (first training class), St. Timothy's Hospital, Roxborough, Pa. Miss Tait's strenuous work in the hospital during the extremely difficult winter of 1918-1919 is believed to have shortened her life. All who knew her mourn with the family and feel the loss deeply.

On April 2, Gertrude Smith, class of 1900, Dr. Price's Hospital, Philadelphia.

On March 15, at Battle Creek, Michigan, Cora F. Morse, class of 1908, Battle Creek Sanitarium. Mrs. Morse has been connected with the sanitarium ever since graduation. She has held many positions of responsibility. At the time of her illness she held the position of anesthetist and assistant supervisor in the operating room. Death resulted indirectly from influenza, this being followed by a complication of diseases. Her fine character, and quiet, cheerful and unassuming disposition made her an ideal nurse, and commanded the admiration of all who knew her. She was borne to her final resting place by the members of the Board of Directors of the Alumnae Association.

On February 12, at Monroe, Michigan, Margaret Laura Wellwood, class of 1915, Battle Creek Sanitarium. After graduation, Miss Wellwood was engaged in the tuberculosis survey of the state of Michigan, then did anti-tuberculosis work in Kalamazoo until she entered service as a Red Cross nurse with Unit No. 114. Because of physical disability she was not permitted to go overseas but served cheerfully and faithfully in an army hospital in New York City. Her release from army service brought her home when the influenza epidemic was raging and again she gave herself tirelessly to serve in many needy homes. During the summer of 1919, Miss Wellwood took the post-graduate course in public health nursing at the University of Michigan and was engaged in anti-tuberculosis work in Monroe County, Michigan, at the time of her death. Miss Wellwood's sunny, generous disposition endeared her to many friends who greatly regret her loss.

On April 27, in Providence, R. I., Katherine Harris Holland, class of 1907, Rhode Island Hospital. Funeral services were held the following day at her home, as burial took place at her former home in Picton, Nova Scotia. Mrs. Holland had been in poor health for some months, but her death came suddenly at the last, and was a great shock to her many friends.

On February 10, in Columbus, Ohio, Nelle Hern.

On February 8, at Langhorne, Pa., Josephine Ambler, class of 1891, Presbyterian Hospital, Philadelphia. Miss Ambler was a charter member of her alumnae association. Her death was due to pneumonia which she contracted while nursing members of her family.

On April 19, at her home in Altoona, Pa., Mary Lucas, class of 1917, Altoona Hospital, of tuberculosis, after an illness of fifteen months. In the death of Miss Lucas her alumnae association has lost a true and faithful member, and she will be missed by all who knew her.

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

THE AFTER TREATMENT OF SURGICAL PATIENTS. By Willard Bartlett, A.M., M.D., F.A.C.S., and Collaborators. Two volumes. C. V. Mosby Company, St. Louis. Price, \$10.00.

In works of general surgery the operative procedure is emphasized and the post-operative care lightly touched upon, so that a special treatise exclusively featuring the after care of surgical patients should make an instantaneous appeal to surgeons and especially to nurses. The care of the patient after the operation, beginning at the time the last suture is tied, comprises the whole subject matter of these two volumes except, as is needed to make clear the treatment, a part of the operative technique is described. The first volume deals with the accepted method of treatment after any operation. Detailed description of care in condition of shock, hemorrhage, sleeplessness, hiccough, fistulae, acidintoxication, pneumonia, etc. And the latest method of administering artificial nutrition, hypodermoclysis, proctoclysis, and hydrotherapy. The second volume has to do with the measures following operation upon special organs. Dr. Bartlett has for collaborators many well known surgeons of St. Louis and elsewhere. Late and accepted procedures are quoted and extensive bibliography named. These books should have a place in training school reference libraries for supplementary reading in the study of surgical nursing. Adding to the clearer understanding of the text are numerous original illustrations.

PRACTICAL DIETETICS, WITH REFERENCE TO DIET IN HEALTH AND DISEASE. By Alida Frances Pattee. Thirteenth Edition, Revised. A. F. Pattee, Publisher, Mount Vernon, N. Y. Price, \$2.25.

Again we welcome a new edition (the 13th) of Pattee's well known text book on dietetics. Each year the text is revised to meet the current teachings in the subject of digestion and preparation of food. The theory is concisely and comprehensively stated, including a table of estimates of food value; formulae for rectal feeding; tables of measures and weights; and groups of instructive questions for review. The recipes are simple in form with plain directions for preparing; accurate in quantities; and comprise varied articles of diet. A third part includes the accepted present day hospital dietaries, diet in disease, and diet in special conditions. The chapters on infant feeding contain the approved formulae and methods of preparation of

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POPE'S MANUAL OF NURSING PROCEDURE. By Amy Elizabeth Pope, R.N.
G. P. Putnam's Sons, New York. Price, \$2.40.

This practical text book is arranged by the well known writer of nursing books and makes an admirable manual for the junior pupils. All extraneous matter is excluded and the author deals wholly with the practical work, which is explained clearly and in detail. Each demonstration has the correlated data either given or noted in a reference; thus affording a means of review of the other studies and linking in the pupil's mind the theory with the practice.

SURGICAL SHOCK AND THE SHOCKLESS OPERATION THROUGH ANOCI-ASSOCIATION. By George W. Crile, M.D., and William E. Lower, M.D. W. B. Saunders Company, Philadelphia and London.
Price, \$5.00.

The first edition of this book "Anoci-Association" was published in 1914. As Dr. Crile states in the preface, "Accumulating experience in the civilian clinic and in field and base hospitals in France has added so much corroborative evidence of the soundness of the fundamental principles of anoci-association and of its practical application, that we have ventured to rewrite and augment our former volume." It is a book essentially for the medical student and surgeon, and yet one from which the surgical nurse may obtain much valuable information.

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MEMBERSHIP OF THE AMERICAN NURSES' ASSOCIATION

(June 15, 1920)

State Associations	46
Territorial Association	1
City and County Associations	2
Alumnae Associations	7
"Permanent" Members	10
Charter Members	8
Total membership through State and Territorial Associations	35,795

Attendance at the Twenty-second Convention

Delegates from State Associations	470
General Registration	1709
Total registered attendance	2179

PROCEEDINGS OF THE TWENTY-SECOND CONVENTION OF THE AMERICAN NURSES' ASSOCIATION

ATLANTA, GEORGIA, APRIL 12-17, 1920

The twenty-second convention of the American Nurses' Association was called to order by the president, Clara D. Noyes, at 3:45 p. m. Monday, April 12, 1920, at the Tabernacle, Atlanta, Ga. The roll was called by states; all were represented by delegates, though not all responded at this time.

SECRETARY'S REPORT

During the two years that have elapsed since our convention in Cleveland, a great part of the secretary's time has been occupied in helping to work out the new form of membership. The results have been most satisfactory. Almost all the city, county and alumnae associations have resigned their direct membership in order to come in through their state associations. There are only 3 county associations and 9 alumnae associations that have not complied with this request. Most of the Permanent Members have also resigned, only 11 remain.

The most important pieces of work undertaken or carried on during these two years, in addition to the reorganization, have been: working out a model form of by-laws for state, district and alumnae associations; coöperation with the Red Cross in the establishment of the Bureau of Information in New York, though no financial aid has been given; the maintenance of an Interstate Secretary in coöperation with the League and the JOURNAL; gathering statistics for and printing a new list of accredited schools; working for Rank for Army Nurses; raising a fund of \$33,000 for the Nightingale School in Bordeaux, France. The Association has also carried forward steadily its work for the Nurses' Relief Fund and for its magazine, THE AMERICAN JOURNAL OF NURSING.

The Association has become a member of the American Conference on Hospital Service. It has sent a delegate for the first time to the Student Volunteer Conference in Des Moines, Iowa.

The directors have held ten meetings during the two years, as follows: in Cleveland, Ohio, May, 1918; in New York, January 16, 17 and 18, 1919; in Chicago, June, 1919; in New York, October 16 and 17, 1919; in New York, January 15 and 16, 1920; and in Atlanta, April 12, 1920.

Much of the business at these meetings will be reported through the chairmen of the committees as they give their reports. Reports of officers and committees have been heard, plans for the convention have been made, and resignations have been accepted.

Three joint directors' meetings have been held: in January and in June, 1919; and in January, 1920.

The state associations are interested, just now, in the plan for central headquarters which was sent to them late in January. The way in which this plan took shape and grew is as follows:

On December 2, 1918, there was held in Washington, D. C., a conference between five members of the A. N. A. Board and six members of the League Board. The need of a Bureau of Information was discussed and it was decided

that in case the Committee on Nursing of the Council of National Defense were discontinued, a committee should be formed, three members being nominated by the president of each of the three national organizations, to continue the work of the Committee on Nursing. The meeting took action favoring the establishment in New York by the three national organizations of a bureau for nurses in cooperation with the Red Cross. Miss Noyes stated that the Red Cross might finance the bureau for a time.

On January 17, 1919, in New York, the A. N. A. directors heard the minutes of the Washington meeting read and endorsed the appointment of Miss Noyes, Miss Nutting and Miss Francis on the advisory committee of the Bureau of Information; they also endorsed the action of the Red Cross in establishing the Bureau of Information in New York and voted to cooperate with it. On the evening of the same day, a joint meeting was held of the directors of the American Nurses' Association and the League at which the minutes of the Washington conference were again read, the names of the members of the committee of nine from the three national nursing organizations were given, and it was decided to call the committee, the Joint National Committee. On the day following, January 18, there was another meeting of A. N. A. Directors, at which a motion was made and carried that the Joint National Committee be given power to act in unusual emergencies that might arise. At the June meeting of the A. N. A. Directors, Miss Noyes reported that the sum of \$225 which had been left in the hands of the Committee on Nursing of the Council of National Defense when it went out of existence, had been turned over to the Joint National Committee for use in committee expenses. On October 16, 1919, in New York, at a meeting of the joint directors of the three national organizations, the future of the Bureau of Information was discussed, as it was felt that the Red Cross could not carry it indefinitely. It was decided that a committee of five be appointed to study the situation and present a plan at the January meetings. The following day the A. N. A. directors discussed the subject and decided that they could not promise financial support to the plan until the Finance Committee had presented its budget for 1920. At this time it was suggested that the Interstate Secretary might have her headquarters at the Bureau of Information. On January 15, 1920, in New York, a joint meeting of the three boards of directors was held, at which the report of the Committee on Transfer of the Bureau of Information was read by the chairman, Miss Nutting. This is the report which was sent to all the state associations for consideration, as in it a new plan was suggested, that of establishing central headquarters in New York. The recommendations embodied in this report were much discussed, but were endorsed by majority action of the members present. At this meeting the Joint National Committee was dissolved, but the Committee on Transfer of the Bureau of Information was continued with power to increase its membership if desired. The following morning the report was discussed, and was endorsed by majority vote, by the A. N. A. directors.

The three national organizations have united in a committee to form plans for celebrating the centennial of Florence Nightingale's birth.

The American Nurses' Association has, with the League and the JOURNAL, during these two years, provided for the maintenance of the Interstate Secretary. In January, 1919, it was thought that her work would have to be discontinued, but the demand for it was so great that she was appointed for another term. In January, 1920, it was decided with great regret that for financial reasons her work would be discontinued for the present at the close of her year, in August next.

The American Nurses' Association as an organization, as well as throughout its membership, suffered a great loss on April 15, 1919, in the death of Jane A.

Delano, who was a director of the Association at the time of her death and who had been its president for two years, 1909-1911. Memorial services in honor of Miss Delano were held throughout the land in the May following her death. When Miss Delano's will was made public, it was found that she had bequeathed to the American Nurses' Association the sum of \$5000, the income to be used for the Relief Fund or in any other way desirable.

The vacancy on the Board of Directors caused by Miss Delano's death, was filled by the appointment of Miss Ott, thus granting representation to the Private Duty Section.

KATHARINE DEWITT, *Secretary.*

TREASURER'S REPORT

GENERAL FUND, APRIL 1, 1918-JANUARY 1, 1919

Receipts

Balance April 1, 1918	\$1,760.17
Dues, alumnae associations	\$2,152.58
Dues, state associations	282.21
Dues, city and county associations	217.33
Dues, Permanent Members	139.75
Interest on bank balance	28.85
Interest on Liberty Loan bonds	60.00
Sale of booklets, Accredited Schools	92.64
Dividend from American Journal of Nursing	336.00
Received for programmes from National League of Nursing Education, National Organization for Public Health Nursing	110.96
Returned from Chairman of Revision Committee	50.00
Total receipts	\$5,230.49

Disbursements

Expenses of convention	\$467.71
Registrar, annual meeting (Mrs. A. Lord)	25.00
Stenographer, annual meeting	355.67
Programmes for convention	166.46
Printing, stationery and office supplies	147.58
600 booklets, Accredited Schools	234.00
Postage	115.00
Office expenses for officers	92.00
Expenses of Revision Committee, Sarah E. Sly, chairman	229.15
Emma A. Fox, Parliamentarian	100.00
Expenses of Eligibility Committee, Mathild H. Krueger, chair- man	9.65
Expenses of Nominating Committee, Clara D. Lockwood, chair- man	16.57
Expenses of Legislative Section, Anna C. Jammé, chairman	4.80
Expenses of Arrangement Committee, Alma C. Hogle, chair- man	39.22
Salary of general secretary	675.00
Salary of treasurer for year	400.00
Bond for treasurer (National Surety Company)	7.50

Twenty-second Convention

Auditing treasurer's books	25.00
Salary of interstate secretary $\frac{1}{4}$ share	350.00
Dues, National Association for the Prevention of Tuberculosis	5.00
Dues, American Association for Study and Prevention of Infant Mortality	5.00
Refund dues, overpayment for 8 months	56.79
Exchange on cheques	2.69
Total disbursements	\$3,529.79
Two Liberty Loan bonds	2,000.00
Balance on hand, December 31, 1918	3,700.70

STATEMENT OF RESOURCES, JANUARY 1, 1919

Cash in New Netherlands Bank, General Fund	\$1,700.70
Cash in Farmers Loan & Trust Company, Nurses' Relief Fund	3,094.15
Two Liberty Loan bonds, General Fund, in New Netherlands Safe Deposit Box	2,000.00
13 Bonds, Nurses' Relief Fund, in New Netherlands Safe Deposit Vault	13,000.00
Six Liberty Loan bonds, Nurses' Relief Fund, in New Netherlands Safe Deposit Vault	6,000.00
Two Certificates of stock, Nurses' Relief Fund, in New Netherlands Safe Deposit Vault	2,000.00
American Journal of Nursing stock, in New Netherlands Safe Deposit Vault	3,400.00
Total January 1, 1919	\$36,194.85

M. LOUISE TWINE, Treasurer.

Certified correct by Charles E. Cady, C. P. A.

NURSES' RELIEF FUND

APRIL 1, 1918-JANUARY 1, 1919

Receipts

Balance, April 1, 1918	\$2,987.50
Contributions	\$2,785.62
Interest on bonds	456.15
Interest on bank balance	129.63
Total Receipts	\$6,358.90

Disbursements

Postage	\$ 10.00
Expense attending Cleveland convention, E. E. Golding, chairman	14.00
Exchange on cheques75
Two Liberty Loan bonds	2,000.00
Application approved, No. 1	90.00
Application approved, No. 2	45.00
Application approved, No. 5	180.00
Application approved, No. 6	135.00
Application approved, No. 7	135.00
Application approved, No. 11	180.00

American Nurses' Association

765

Application approved, No. 12	60.00	
Application approved, No. 13	120.00	
Application approved, No. 14	135.00	
Application approved, No. 15	90.00	
Application approved, No. 16	60.00	
Mistake in deposits should have in New Netherlands	20.00	3,264.75

Total disbursements \$ 3,094.15

Balance in Farmers Loan and Trust Co., January 1, 1919	\$ 3,094.15
Thirteen bonds	13,000.00
Six Liberty Loan bonds	6,000.00
Two certificates of stock	2,000.00

Total balance, Jan. 1, 1919 \$24,094.15

M. LOUISE TWISS, *Treasurer.*

Certified correct by
CHAS. E. CADY, C.P.A.

GENERAL FUND, JANUARY 1, 1919-JANUARY 1, 1920

Receipts

Balance January 1, 1919	\$1,700.70
Dues, state associations	\$5,728.80
Dues, alumnae associations	188.35
Dues, city and county associations	36.87
Dues, Permanent Members	18.00
Interest on bank balance	47.46
Interest on Liberty Loan bonds	80.00
Sale of booklets, Accredited Schools	33.15
Dividend from American Journal of Nursing	336.00
Interest on bank balance	8.21
Total	\$8,177.34

Disbursements

Printing, stationery and office supplies	\$ 196.76
Postage	63.35
Expenses of directors	993.49
Office expenses	155.00
Expenses of Revision Committee, Sarah E. Sly, chairman	450.11
Salary, chairman Revision Committee, Sarah E. Sly	300.00
Salary, interstate secretary	1,050.00
Salary of general secretary	975.00
Salary of treasurer	400.00
Bond for treasurer	7.50
Auditing treasurer's books	25.00
Expenses of Legislative Section, Anna C. Jammé, chairman	14.19
Excess pages of American Journal of Nursing, Convention Number	600.00
Dues, National Association for the Prevention of Tuberculosis	5.00
Dues, General Federation of Women's Clubs	5.00

Rent of safe deposit box	5.00
Delegate to Student Volunteer Convention	5.00
Refund dues	8.50
One Liberty Loan bond	1,000.00
Exchange on cheques30
Total disbursements	\$6,259.20
	\$1,918.14
Three Liberty Loan bonds	3,000.00
Balance on hand, December 31, 1919	\$4,918.14

STATEMENT OF RESOURCES, JANUARY 1, 1920

Cash in New Netherlands Bank, General Fund	\$ 1,918.14
Three Liberty Loan bonds, General Fund, in New Netherlands Safe Deposit Vault	3,000.00
Cash in Farmers Loan and Trust Co., Nurses' Relief Fund	3,891.27
13 Railroad bonds, Nurses' Relief Fund, in New Netherlands Safe Deposit Vault	13,000.00
Nine Liberty Loan bonds, Nurses' Relief Fund, in New Netherlands Safe Deposit Box	8,100.00
Two Certificates of stock, Nurses' Relief Fund, in New Netherlands Safe Deposit Box	2,000.00
American Journal of Nursing Stock, in New Netherlands Safe Deposit Box	8,400.00
Total, January 1, 1920	\$40,309.41

M. LOUISE TWISS, R.N., Treasurer.

Certified correct by
CHAS. E. CADY, C.P.A.

NURSES' RELIEF FUND, JANUARY 1, 1919-JANUARY 1, 1920

Receipts

Balance January 1, 1919	\$3,094.15
Contributions	3,683.41
Interest on bonds	776.45
Interest on bank balance	90.34
Total receipts	\$7,649.35

Disbursements

Application approved, No. 2	\$ 115.00
Application approved, No. 5	240.00
Application approved, No. 6	175.00
Application approved, No. 7	180.00
Application approved, No. 11	185.00
Application approved, No. 14	180.00
Application approved, No. 15	180.00
Application approved, No. 16	40.00
Application approved, No. 17	30.00

Application approved, No. 18	160.00	
Application approved, No. 19	50.00	
Application approved, No. 20	60.00	
Application approved, No. 21	60.00	
Two Liberty Loan bonds	2,000.00	
Printing and stationery	79.05	
Expenses of chairman, E. E. Golding, postage, etc.	15.00	
Exchange on cheques	9.03	3,758.08

Balance on hand, December 31, 1919	\$3,891.27	
Balance in Farmers Loan & Trust Co., Jan. 1, 1920	\$ 3,891.27	
Thirteen railroad bonds	13,000.00	
Two Certificates of stock	2,000.00	
Eight Liberty bonds	8,000.00	
One Liberty bond	100.00	

Total Balance, January 1, 1920\$26,991.27

M. LOUISE TWISS, *Treasurer.*

Certified correct by

CHAS. E. CADY, C.P.A.

REPORT OF THE ELIGIBILITY COMMITTEE

In summing up the work of the Eligibility Committee for the past two years, we find there is very little to report. Forms for uniform application blanks for state and district associations were submitted by the Revision Committee and with a few changes were approved by this committee. Application of the Arizona State Association was received and recommended approved. This Committee heartily approves the simplifying of its duties by the reorganization of the Association.

MATHILD KRUEGER LAMPING, *Chairman.*

REPORT OF THE PROGRAMME COMMITTEE

Agnes G. Deans, chairman, stated that the members of the Committee presented its report in the form of the programme, itself.

REPORT OF THE ARRANGEMENTS COMMITTEE

Martha I. Giltner, chairman of the Arrangements Committee, stated that the members welcomed the delegates to Atlanta and that they had been very busy in preparing for them. She then gave directions for finding the rooms for meetings, and for reporting anything needing attention.

REPORT OF THE PUBLICATION COMMITTEE

The one piece of work accomplished by this Committee has been the preparation and publishing of the List of Accredited Schools for Nurses. Special blanks were printed for this survey and the lists of accredited schools for nurses were asked for from the secretary of each State Board of Nurse Examiners. The correspondence was begun in June, 1919, and has just been concluded. Miss Although has carried on the correspondence in all of the states east of the Mississippi River and I have taken the states west of the Mississippi, excepting Illinois and Michigan. Blanks were sent to every school on the lists sent by the

secretaries. Some were lost, many mislaid, many deferred because of change in superintendents, or for reason of vacations; a few were returned to the writer with the word "Refused," stamped on the envelope.

Of the 1,586 schools now on this list, about 1,200 returned the blanks. There are three complete files of this data, one in Washington, one in New York, and one in Chicago. A few schools whose names do not appear on the secretaries' lists sent in reports. Tennessee and Washington sent in the lists too late to forward blanks to the schools.

After the first of the year, the original lists were returned to the secretaries for final correction, in order to make the information as complete as possible and as correct as possible, to January 1, 1920. Many changes had been made and the new schools which had been placed on the lists had no time to get in their data. Pennsylvania had more changes than any other state, which were most perplexing. Your committee could make no statements for the printed data, other than that given over the signature of the person who filled out the blank for the school. They feel that some of the questions received but scant attention and that the results cannot be wholly satisfactory. For example,—Q. Number of registered nurses on staff? Ans. "All registered." Q. Average number patients, daily, during 1918? Ans. From 200-280. Q. Number students, June 1, 1919? Ans. 6-8. Q. Year of establishment of school? Ans. 1800. Q. Denomination? Ans. Mixed, State Hospital, 1901, all private. Q. Minimum number patients during the year? Ans. 35. Maximum? 65. Average? 4. Number of beds reported as 250. Average number patients, 264. Q. Number full time instructors on staff? Ans. 4.—Superintendent Hospital, Superintendent Nurses, Supervisor of Obstetrics and Supervisor of Operating Rooms. The number varied from 0 to 18. There seemed more impossible answers to this question than to any other on the list.

The list of schools extending affiliated and postgraduate courses is not complete and there are probably errors. It seemed, however, important to start such a list, as a basis for affiliations. Besides the lessons of patience and imagination learned by your committee, it would seem that there are other valuable things to be gained from a survey of this kind. There is no doubt that it is good business for this organization to have some knowledge of the nursing conditions in our country. The data we have been able to get, in the previous years, has been of great assistance. To be of more value, the records of a school should be reliable, accessible and permanent. In this way schools can have a basis for comparison, be able to build up the history of the institution, and be of value to a newcomer. A duplicate copy should be filed for future reference, thus saving time and effort; the questions asked should be answered; and the blanks returned at the earliest opportunity.

Copies of the pamphlet, *Accredited Schools*, can be obtained through the Book Department of the *American Journal of Nursing* for \$1, postage 4 cents.

MARY C. WHEELER, *Chairman*.

REPORT OF THE NOMINATING COMMITTEE

On August 26, 1919, nominating blanks were sent to the secretaries of 46 State Associations and 1 Territorial Association. Duplicates were sent on request as follows: November 2, Tennessee; November 6, Minnesota; December 12, Georgia; December 23, Kentucky.

On November 28, 1919, a list of associations that had returned blanks prior to that date was sent to the secretary of the American Nurses' Association; and letters were written by her to those that had not been heard from.

On January 1, 1920, thirty-three blanks had been returned. Two were received after January 6, too late to be counted. Of the blanks returned, 32 named a president; 31 a first vice-president; 29 a second vice-president; 32 a secretary; 31 a treasurer; 33 a director for 1920 to 1922; 53 names in all were submitted for director from 1920 to 1924. From these returns the following ticket was made up of candidates consenting to serve for the office chosen: For president, Clara D. Noyes, Washington, D. C.; Sara E. Parsons, Boston, Mass.; for first vice-president, Susan C. Francis, Philadelphia, Pa.; Esther Dart, Cambridge, Mass.; for second vice-president, Sarah E. Sly, Birmingham, Mich.; Florence M. Johnson, New York, N. Y.; for secretary, Katharine De Witt, Rochester, N. Y.; second nomination from the floor; for treasurer, Mrs. C. V. Twiss, New York, second nomination from the floor; for director, 1920-1922, Frances M. Ott, Morocco, Ind.; Martha I. Giltner, Atlanta, Ga.; for directors, 1920-1924, (three to be chosen), Elizabeth E. Golding, New York, N. Y.; Jane Van De Vrede, Atlanta, Ga.; Helen Wood, St. Louis, Mo.; Alice Dalbey, Springfield, Ill.; Margaret Dunlap, Philadelphia, Pa.; Mrs. H. Beach Morse, Bay City, Mich.; Dolly Twitchell, Chicago, Ill.; Lettie G. Welch, Denver, Colo.

MARIETTA B. SQUIRE, *Chairman*.

Nominations from the floor were called for and one was made, Miss Hall nominating Adda Eldredge as director for the term, 1920-1924.

REPORT OF THE RELIEF FUND COMMITTEE

There have been three regular meetings of the Relief Fund Committee. Five new applications have been acted upon; up to date, twenty-one benefits have been given. Some nurses have withdrawn their applications. Some have died within the past two years. At present, seven nurses are being helped with sums varying from \$10 to \$20 a month.

Seven new applications are to be taken up to-day. Many letters of inquiry have been received, some expressing total ignorance of the Relief Fund. The Committee hopes that every state, district and local association will appoint a Relief Fund Committee to further the interests of the Fund and to secure contributions. If the members here could read the letters of appreciation which come to us for the small sums we are able to give and the personal gratitude expressed for the interest we try to take, there is not one who would not be willing to put her shoulder to the wheel and help us increase our Fund so that we may be able to do more for our sick members. We need all the money we can obtain; let us make this Fund so large that all who apply may be benefitted.

Every one applying must be a member of some association affiliated with the American Nurses' Association. If any help can be obtained from her local, district or state association, she should apply to them; if their help can only be small or temporary, she should apply also to the Relief Fund Committee.

We hope that each State Association will cooperate with us in supplementing any relief that can be given by this Committee. With so many nurses needing assistance, it is too bad to have the benefits from the Fund so curtailed. If every nurse in the Association would give \$1.00 a year, or send it through her state chairman, think how quickly our Fund would increase and how much more good could be done. Since our last meeting in Cleveland, our Fund has only increased about \$6,000. Will every nurse here take back the message of the Relief Fund Committee?

ELIZABETH GOLDING, *Chairman*.

REPORT OF THE AMERICAN NURSES' MEMORIAL FUND

In presenting the report on the Memorial Fund, we need to direct your attention for a moment to the incidents primarily responsible for this movement,—France's lack of qualified nurses to meet the demands made upon her by the war; the effect wrought in the minds of her thinking people, by the splendid work done by the American nurses over there; Dr. Hamilton's visit to this country in the spring of 1919 for the purpose of learning more of our methods and to gather hope, courage, and perhaps assistance, to go back and further develop her efforts to awaken the French women to their needs and possibilities; her several conferences with Miss Delano, Miss Palmer, Miss Nutting, Miss Maxwell and others; and later the publication in the *American Journal of Nursing* of the history and development of Dr. Hamilton's work as portrayed in the Florence Nightingale School for Nurses, with Miss Palmer's appeal to American nurses to make possible the extension of our ideals and principles to our French sisters; and underneath these facts the desire to keep alive in the memory of the French people the unselfish devotion to ideals and duty as expressed in the row of white crosses remaining with them,—these are briefly some of the circumstances prompting the action taken in assuming the erection of the proposed memorial.

At a meeting of the boards of directors of the three national nursing organizations held in Chicago, June, 1919, the question of assisting the Bordeaux School to become a more active teaching center, and to take advantage of the opportunities here presented to perpetuate the high ideals for which so many of our American nurses gave their lives, was seriously considered, and as a result favorable action was taken, and your Joint National Committee was instructed to formulate plans, and project a movement to raise \$50,000 with which to provide a suitable building to furnish greater facilities for training a larger number of students, in the Florence Nightingale School for Nursing at Bordeaux, France.

Your Committee met in New York in September and definite plans of procedure were adopted. Their estimated resources were approximately 100,000 graduate nurses, and 35,000 students in training, and assuming that all would be glad to have a share in such a memorial, they concluded that if a reasonable percentage of these resources could be reached, the required amount could readily be subscribed by making the appeal on a per capita basis of one dollar, endeavoring to engage the total resources, and thus emphasize the great principle involved, as well as effect the purpose desired, also to confine the appeal to the nursing profession, including the duties of reaching the members through our own organized agencies.

Relying primarily on the *American Journal of Nursing*, to assume the trusteeship, and to promote the progress of the movement; and upon the *Public Health Nurse*, and the *Pacific Coast Journal*, to cooperate in getting the message over to their readers; with necessary equipment available in the Bureau of Information for Nurses in New York, to perform the clerical functions entailed in circularizing the nursing resources, the preliminary organization for the work was easily accomplished. A small advisory committee with Miss Nutting as chairman was appointed, and to supplement the *Journal's* activities, a brief presentation of the movement was prepared by Miss Nutting, and printed in leaflet form, 20,000 of which were mailed to presidents of the various state organizations, and to the superintendents of more than 1,500 training schools for nurses, with letters suggesting plans for organizing the state resources and

bringing into action such machinery as seemed necessary to get the message over to every graduate nurse in every state.

A direct line of communication with the nurses connected with the Army, the Navy, and the U. S. Public Health Nursing services, was established through the coöperation of the directors of these departments, and special letters were prepared to Miss Stimson, Mrs. Higbee, and Miss Minnigerode, conveying the plans of the movement with instructions for coöperation with the chief nurses in the various posts and hospitals and their services. A letter was also prepared by Miss Stimson to convey these plans to the families of the nurses who died in the service.

Immediately following the presentation of the movement by the November issue of the *American Journal of Nursing*, with its stirring editorial, and the release of all supplementary material, contributions began to flow in, and the fund grew satisfactorily until the approach of the Christmas season, when one's interest and generosity naturally assumes more personal proportions, and a sudden lapse of interest occurred; but with the January issue of the *Journal*, came statements and appeals that stimulated the activity, and brought the movement again to the minds of its supporters, and a revival of interest ensued.

At this point your Committee decided to appoint a special committee that could assist by bringing into use more direct and personal means to reach the districts so far unresponsive, and Elizabeth Golding, Beatrice M. Bamber, and Sarah C. Shaw consented to act in this capacity.

As a result of their first meeting, a simple statement, presenting the situation, and directing the nurses' attention to the published appeals was sent to the presidents of the alumnae associations not previously heard from, and to the nurses connected with the public health organizations of the country, urging their active support. This served to stimulate a more general interest.

An analysis of the response, geographically, indicates that but one state has gone "over the top," which is South Dakota, whose contribution represents 125 per cent of her resources; six states have exceeded 50 per cent of their quota; and fourteen have gone over 25 per cent. Consequently, we feel safe in assuming that the full amount should be readily subscribed.

The response has been spontaneous and presents an interesting study, unique in its methods, and varied in attitudes, presenting a spirit of coöperation and unity in purpose almost unprecedented.

The initiative displayed in efforts to back the movement is worthy of your high esteem, from the Presbyterian Hospital Training School of New York leading the country in "popular amusements" and the students of the Lakeside Hospital, Cleveland, excelling in "practical arts," to the Public Health nurse in Montana whose contribution carried with it regret that she was unable to carry the message on, but she was the only nurse within the radius of one hundred miles,—and all down the line, the spirit of coöperation has been wonderfully gratifying and inspiring.

We believe that while limiting our appeal to our own profession embodies a worthy and legitimate ambition, it has been demonstrated by the generosity of a friend of the profession, in the gift of \$1,000, that perhaps many more such friends would appreciate the privilege of participating in this worthy memorial.

The movement is also unique in several particulars, in that no outside agencies have been required in its promotion, no paid workers employed, and we believe that we can report that so far, no money contributed for the memorial has been used to defray necessary expense incurred in printing, postage, etc.,

this having been provided through private funds or special ones available to your Committee.

While your Committee realizes that they are indebted primarily to the staffs of the journals of nursing, for the splendid way in which they have handled the publicity for this movement, much credit is due, also, to the training school superintendents, and presidents of alumnae associations and numerous other individuals, many of whom have worked diligently and without clerical assistance, to reach their members.

When you consider the small toll this contribution makes upon our nurses, when all have been given an opportunity to participate, you, I am sure, will feel confident of its ultimate success, and I would like you to visualize for a moment, if you will, how easy it would be to build the Memorial that should be built, if all of our resources could be made to work together to that end, for a single day.

R. INDE ALBAUGH.

After endorsing the efforts of the Committee to complete the Memorial Fund, Miss Noyes asked for pledges. These were given rapidly to an amount which would bring the Fund, with what had been given previously, to \$42,000.

REPORT OF THE ISABEL HAMPTON ROBB MEMORIAL FUND

There are a few changes in the Committee owing, first, to the death of Miss Delano, and later, to the resignation of Miss Nevins. The two new members are Cecilia A. Evans, Cleveland, Ohio, and M. Helena McMillan, Chicago.

The scholarships for the year 1919-1920 were awarded to the following persons: Helen E. Bond, Baltimore, Md.; Elizabeth H. Cannon, Greenwood, S. C.; Mrs. Claire Funk, Brooklyn, N. Y.; Mary A. Johnson, Kew Gardens, N. Y.; Laura F. Grant, Sacramento, Calif.; Anna J. Hangan, Revillo, S. D.; Viana B. McCown, Richmond, Va.; Elizabeth M. Meyer, Kansas City, Mo.; Angela R. Mitchell, Baltimore, Md.; Mrs. Millicent B. Northway, Kenosha, Wis.; Mrs. Jessie E. Ryser, Quebec, Canada; Mary S. Young, Philadelphia, Pa.

You will be interested to know that, as there was a large sum available for scholarships, last year, from the Red Cross funds, it was decided to use the Isabel Hampton Robb scholarships solely for those candidates who wished to prepare for teaching. Without going into detail, I can assure you that year after year, women who could not readily, or not without difficulty, or not at all, prepare for the work they wish to do, are enabled to do so because of these scholarships. The benefit to the education of pupil nurses, through those so helped, is very great indeed.

The Isabel Hampton Robb Fund now amounts to more than \$27,000, with a balance in the bank from the earnings of the Fund of about \$1,200, so we start next year, well prepared.

The McIsaac Loan Fund, started a few years ago, amounts to \$911.42; \$700 of this amount came from the Illinois Training School, Chicago, where Miss McIsaac was superintendent for so long. There have been three loans of \$100 each.

M. ADELAIDE NUTTING, *Chairman*.

The president called attention to the fact that the Red Cross has a scholarship fund to be used for those who wish to prepare themselves as instructors and that it is glad to receive applications for these scholarships.

REPORT OF THE FINANCE COMMITTEE

A study of the finances of the American Nurses' Association, with careful consideration of the treasurer's report for the years of 1918 and 1919, would seem to indicate clearly the necessity of some retrenchment if the Association expects to hold in reserve a cash balance at all adequate to the needs of so large and responsible an organization.

In 1919, the proposed budget for the year was \$2,500.00. The actual expenditures, however, were \$5,259.00, which amount did not include the purchase of one Liberty Bond at \$1,000.00.

On January 1, 1920, the balance on hand, exclusive of dues paid in advance for 1920, was \$539.34, in addition to which the Association holds three \$1,000.00 Liberty Bonds.

The total income which can be depended on for the year 1920 will not exceed \$5,500.00 at most. This amount includes a possible \$500.00 as dividends on *Journal* and interest on Liberty Bonds. By reason of our reorganization, dues from alumnae, city and county associations are being constantly eliminated. Because of the present financial unrest, and the greatly decreased purchasing power of the dollar, our Liberty Bonds represent a reserve which, if possible, it would be wise to maintain intact.

The following budget is proposed for 1920:

Expenses of convention	\$1,000.00
Expenses of stenographer	400.00
Bedges and programs	400.00
Expenses of directors and executive committee	1,000.00
Office expenses, postage, printing, stationery, supplies and typewriting ..	500.00
Salary of Interstate Secretary and expenses	1,200.00
Salary of treasurer and secretary	1,375.00
Salary of chairman of Revision Committee	400.00
Expenses of chairman of Revision Committee	450.00
Expenses of all other special committees	50.00
Expenses, pages for convention <i>Journal</i>	600.00
Incidental and minor expenses	100.00
Lawyers' expenses for dissolution of New York Charter	200.00
	<hr/>
	\$7,675.00

The proposed budget for 1920 shows that even with the utmost care and conservation the year will end with a deficit of over \$1,500.00 unless that amount is taken from the Liberty Bond fund, if all present activities of the Association are continued. There is some hope that our financial balance may be restored in 1921, as there will be no convention that year, which fact makes a probable reduction in Association expenses of \$2,400.00; \$1,800.00 for Convention expenses and \$600.00 for extra printing space in the *Journal*. If the work of the Interstate Secretary is discontinued, a further saving of \$1,200.00 will be effected.

Your Finance Committee, therefore, recommends that no further work involving financial expenditure be undertaken for the next two years than that to which the Association is already committed, unless special funds be raised to finance such work; and that a determined effort be made to hold our Liberty Bonds as a reserve fund.

The Relief Fund is in excellent condition and the outlook most encouraging.

ELIZABETH A. GREENER, *Chairman*.

REPORT OF THE REVISION COMMITTEE

Since the convention in Cleveland, your committee has held six meetings, the last being held in Atlanta on April 10. A questionnaire was sent out in December, 1919, and this was supplemented by a circular letter sent out in February, 1920, to each state association, for the purpose of learning the progress being made in re-organizing, and the following brief report from each state is based largely upon the replies which have been received up to April 6, 1920.

Alabama has three organized districts. By-laws of state and district associations were adopted in January, 1919, and they have been printed. Only one alumnae association in the state. Membership, 171.

Arizona organized as a state association at Tucson on December 3, 1919, adopted constitution and by-laws, and will soon be a member of the A. N. A. They plan to have six districts when they are organized. Three districts are now organized. No alumnae associations in the state. Membership, 80.

Arkansas has planned to have eight districts. Three are now organized, by-laws adopted and officers elected. There are four alumnae associations in the state, two having been admitted, and two have not complied with the requirements of the state. Their amended state by-laws were adopted in October, 1919, without being approved by the National Committee, so amendments are being made to be voted upon at their annual meeting this fall. Membership, 200.

California has fifteen districts by counties. State and district by-laws were adopted in 1918 and are printed. There are 25 alumnae associations in the state, and 23 have revised their by-laws to conform to national requirements. Membership, 2,275.

Colorado has alumnae and individual membership. There are thirteen alumnae in the state and twenty schools of nursing. Only five alumnae associations have revised their by-laws to admit of membership directly into the state association. Their revised state by-laws, which were adopted in 1919, did not meet the needs of their members as to eligibility, so they were amended in January, 1920, but have not been printed. Membership, 423.

Connecticut has 22 alumnae associations in the state and there are four districts organized by counties. Amended state and district by-laws were adopted in 1917. Membership, 900.

Delaware has alumnae and individual membership. There are three alumnae associations in the state and two have revised their by-laws to meet national requirements. Amended state by-laws were adopted January 14, 1920, but are not printed. Membership, 110.

The *District of Columbia* has alumnae and individual membership. There are nine alumnae associations, six of them members of the District; none have completed the revision of their by-laws to conform to the plan of reorganization. The three newly organized alumnae are ready now to make application for membership in the District and their by-laws conform to national requirements. There are still some changes to be made in the District by-laws.

Florida planned to have five districts, but only four are organized. They have two alumnae associations in the state. Their amended state and district by-laws, adopted in November, 1919, have not as yet been printed. Membership, 170.

Georgia has organized the state into four districts since its annual meeting in October, 1919, and it has a membership of 371. There are fourteen alumnae associations in the state and all have revised their by-laws to admit of membership into the districts. This state has made remarkable progress in an organized way in the last six months.

Idaho has individual membership. Their amended state constitution and by-laws were adopted in September, 1919. There is only one alumnae association in the state. Membership, 26.

Illinois has had district membership since 1912, but out of their fourteen districts, only eleven are organized according to national requirements. Their state by-laws have been revised and the amendments were adopted March 20, 1920, but are not printed. Membership, 1,921.

Indiana has four districts which are organized and they have adopted good by-laws. There are 21 alumnae associations in the state and all have revised their by-laws to admit of membership into the districts. Amended state by-laws were adopted October, 1919, and they have recently been printed. Membership, 406.

Iowa planned to have ten districts and nine are organized. State association is incorporated and their charter has recently been amended to harmonize with their new by-laws. State and district by-laws are completed but not printed. Membership, 871.

Kansas planned to have seven districts, but only two are organized. Their revised state by-laws were adopted in May, 1918. New amendments are being proposed for adoption at the annual meeting in Wichita in May, this year. Membership, 100.

Kentucky is divided into two districts with Louisville as the center of the Western District and Lexington as the center of the Eastern District. State and district by-laws were adopted in 1919 and they are now printed. Membership, 369.

Louisiana planned to have two districts, Northern and Southern, but at their annual meeting, held February 26, 1920, it was decided to have six districts, as distance, expense, and railroad communications made it impossible to use the original plan, and this was heartily endorsed by the members as a means of reaching the nurses in all parts of the state. This state has had much difficult work, as their Articles of Incorporation contained the constitution and by-laws and the Board of Directors was permitted to make and amend their by-laws. Their charter has now been amended. Membership, 300.

Maine has seven alumnae associations and three districts organized and working. Amendments to the state by-laws were adopted January 22, 1920, and both state and district by-laws are now printed. Membership, 320.

Maryland has alumnae and individual membership. Some of the alumnae associations have revised their by-laws to conform to national requirements, and those that have not are making every effort to adjust them. There are some changes to be made in the state by-laws. Membership, 1,587.

Massachusetts has alumnae and individual membership. There are between 60 and 70 alumnae associations in the state and out of this number 32 have been admitted to the state association. Final revision of state by-laws will soon be made. Membership, 2,160.

Michigan has fourteen organized districts. The eastern part of the Northern Peninsula and the Northern part of the Southern are still unorganized, due to the scarcity of nurses and the lack of railroad facilities. Twenty-seven alumnae associations are represented in the districts. Final amendments to the state by-laws were adopted in April, 1919, and they are printed. Membership, 1,244.

Minnesota has been in a disorganized condition, but this state has made very remarkable progress since its annual meeting last October. The state was divided into six districts, but it was found impracticable to organize the first

district at present, because of the scattered territory and lack of a good center, so the members were asked to join the Minneapolis and St. Paul districts. Five districts are fully organized. Amended state by-laws were adopted October 23, 1919, after which the Articles of Incorporation were to be amended to harmonize with present needs. Membership, 855.

Mississippi has individual membership of 75, while 600 nurses are registered in the state. Their amended state by-laws were adopted in October, 1919.

Missouri has seven districts, all organized. Thirty-three alumnae associations have revised their by-laws and are now members of the districts. Amended state by-laws were adopted March, 1919, and they are printed. Membership, 1,100.

Montana is revising its state laws, a copy having reached us in Atlanta. This state is organized by counties, which will make the centers of the new districts when reorganization is complete. Membership, 178.

Nebraska has three districts. Eleven alumnae associations have been admitted to membership. The state association is incorporated, but its provisions did not harmonize with present needs, so their charter will need to be amended. Their state by-laws, adopted in October, 1919, did not harmonize with national requirements, so changes must be made at their next annual meeting. Membership, 327.

New Hampshire has alumnae and individual membership. They have fifteen alumnae associations in the state and all have revised their by-laws. Amended state by-laws adopted in June, 1919, and are printed. Membership, 149.

New Jersey has six districts organized and working, and 23 alumnae associations are represented in the district membership. Amendments to their revised constitution and by-laws were to be adopted at the annual meeting on April 6, 1920. Membership, 1,102.

New York has fourteen districts and all are organized, but three of these are not yet members of the State Association. Not all the alumnae associations have revised their by-laws to meet national requirements, but most of them are at work. Membership, 7,510.

North Carolina planned to have eleven districts, but only seven have been organized. There are four alumnae associations and all are revising their by-laws. State by-laws were adopted in June, 1919. Health conditions in this state have interfered with the work of organization this winter. Membership, 206.

North Dakota has alumnae and individual membership. This state adopted amended by-laws on November 17, 1919, which conform to national requirements. There are six alumnae associations in the state, and they expect to have all these enrolled as members before their annual meeting on April 29, 1920. Membership, 110.

Ohio has thirteen districts organized and working. Out of thirty-three alumnae associations, only three have revised their constitution and by-laws to admit of membership through the district to the state. Amended state by-laws adopted May, 1919, but are not yet printed. Membership, 1,092.

Oklahoma is divided into five districts and all are organized and have adopted uniform by-laws. Amended state constitution and by-laws adopted in December, 1918, have been printed. No alumnae associations in the state, but they expect soon to have several organized. Membership, 226.

Oregon has individual membership; it has been very slow in reorganizing. The revised state by-laws have not been adopted and the Articles of Incorporation must be amended, since they are no longer associated with the states of

California and Washington as a Tri-State Association. Membership, 200, so widely scattered, it is hard for them to get together.

Pennsylvania has nine districts, eight of them fully organized and 92 alumnae associations. The last amendments to their state by-laws were adopted in May, 1919. No other large state has made the progress which this state has made in getting alumnae associations into the district membership, and results indicate that a big piece of work has been accomplished. Membership, 4603.

Rhode Island has alumnae and individual membership. There are 7 alumnae associations in the state and 6 have been admitted to membership. Their amended constitution and by-laws as adopted do not harmonize with the re-organization plan, and they will need to be revised. Membership, 403.

South Carolina has five districts and four are organized. Their amended state by-laws were adopted April, 1919, and have been printed. Scarcity of nurses and unfavorable health conditions have made it almost impossible to proceed with organization work. Membership, 234.

South Dakota has three well organized districts and no alumnae associations in the state. The constitution and by-laws for the state have been revised and printed, and the districts have uniform by-laws. Membership, 124.

Tennessee has been re-districted and instead of three districts, there are four. There are fourteen alumnae associations; six have been admitted to district membership. Since Chattanooga was made a separate district, it has greatly surpassed in numbers and interest the other districts, and present indications are that it may become the leading district in the state association. Membership, 375.

Texas is now organized by counties, and their plan is to organize districts, using the county organizations as the nucleus of the new districts. At their annual meeting in May this year, the proposed amendments to the state constitution and by-laws will be presented, and a model form of by-laws for the new districts will be outlined. According to their existing by-laws, this cannot be adopted until 1921. Membership, 512.

Utah had made provision in its articles of incorporation for the Board of Directors to make and amend the by-laws for the state association. This was to be amended at a special meeting. Their state by-laws, which were not in harmony with national requirements, are also being amended. This state has alumnae and individual membership. Membership, 130.

Vermont has alumnae and individual membership. There are eight alumnae associations in the state. Amendments to the revised by-laws will be adopted at the annual meeting in May this year. Membership, 165.

Virginia has alumnae and individual membership. 24 alumnae associations in the state and 18 have revised their by-laws. Amendments to their state by-laws were to be considered at the annual meeting in May. Membership, 486.

Washington has seven districts and all are working on their new constitution and by-laws. Amended state by-laws were adopted in July, 1919, and have been printed. Membership, 344.

West Virginia has its two districts organized and they have adopted by-laws. Amended state by-laws were adopted in 1918 and printed without being approved in their final form by the national committee. Membership, 365.

Wisconsin has ten districts, of which seven are organized and all of these have adopted by-laws to conform to national requirements. Nine alumnae associations have revised their by-laws. The state by-laws were adopted in 1918 and are printed. Membership, 365.

Wyoming has individual membership. The state association adopted its revised constitution and by-laws in June, 1919, without their being approved by the national committee, so amendments will be adopted at their annual meeting in June this year. Membership, 66.

Nurses' Association Territory of Hawaii has individual membership, and they have amended their by-laws to conform to national requirements. They will also amend their articles of incorporation to harmonize with present needs. Membership, 77.

Of the 47 state and 1 territorial associations, the progress of reorganization, when summed up, is as follows: District membership, 32; alumnae and individual, eleven; individual, five.

In building a house, one has to live in it to really know whether or not it is adapted to the needs of the family occupying it. This is equally true of the state associations which have been building new structures for their members. Readjustments have to be made, and each state must act as a clearing house in making these adjustments. This can only be done by having efficient state officers and by their hearty cooperation with the national officers.

There seems little doubt now that the reorganization will be completed by January 1, 1921.

The membership of the American Nurses' Association is now practically 35,000, with very slight duplication of members. This is an increase of 10,000 in two years.

Under the reorganization plan, 38 states have adopted a by-law making the AMERICAN JOURNAL OF NURSING their official organ. Forty-one states have adopted a by-law providing for a standing committee on the Nurses' Relief Fund.

New model forms of constitution and by-laws for state, district and alumnae associations to follow have been prepared by your committee with the assistance of Mrs. Fox, our parliamentarian, and these have been of great assistance to the members in drafting their by-laws.

Your chairman went to Chicago in June, 1919, and during the League meetings held conferences with representatives from different states on reorganization. During 1919, invitations were received from a number of states to attend their annual meetings, but only the invitations from Tennessee, Georgia and Minnesota could be accepted.

The greatest difficulties with which your committee has had to contend are as follows:

1. The frequent change of personnel of the state committees, necessitating going all over the work again with new people.
2. By-laws being adopted and printed without their being approved in their final form by the national committee.
3. State associations being incorporated and amending their constitutions without regard to that incorporation. Many of the present state officers did not know that their associations were incorporated, and business has been conducted illegally for this reason. Very few of the members understand the meaning of becoming incorporated or what obligation it carries. No one problem has been more difficult to adjust at long distances.
4. Lack of a knowledge of parliamentary law in conducting the business of the associations, so that everything will be done openly, fairly and squarely.

Your committee is very grateful for the splendid cooperation of the reorganization committees in all of the states. During the entire six years' work since the committee has been appointed, a cordial spirit has prevailed and no

matter how difficult the task or how many times by-laws have had to be changed for lack of understanding, there has always existed a friendly spirit without which the work could not have gone forward. During the past two years, health conditions have been such and the scarcity of nurses so keenly felt, that it has been very difficult for many of the states to keep their organizations alive, and great credit is due their members for the results accomplished under such trying circumstances.

Your committee acknowledges with greatest gratitude the invaluable assistance of the Board of Directors, without which the work could not have been carried by busy people.

SARAH E. SLY, *Chairman.*

The president announced that the recommendations made by the Revision Committee and approved by the Board of Directors, would be taken up for consideration later, when copies could be put into the hands of the delegates.

Miss Noyes also appointed the tellers: Mary J. Stone, R. Inde Albaugh, Marie T. Phelan and Lydia Breaux; and the Committee on Resolutions, Mary E. Gladwin, chairman, to choose her own committee.

Miss Golding asked that the assembly adopt a resolution to be sent to the New York legislature, then in session, in endorsement of the amendments to the Nurse Practice Act. This was adopted and a telegram was sent embodying the resolution.

After some minor matters of business, the meeting adjourned.

MONDAY EVENING, APRIL 12, JOINT OPENING SESSION

Miss Noyes presided, calling the meeting to order at 8:30 p. m. The opening prayer was offered by Rev. C. B. Wilmer, rector of St. Luke's Church, Atlanta.

ADDRESS OF WELCOME

BY JAMES L. KEY

Mayor of Atlanta

Atlanta feels deeply honored with your presence in her midst. I regard this as one of the most brilliant occasions which it has ever been our pleasure to greet. We have had the pleasure of enjoying for a moment, for a time, many magnificent jewels in the past, but nothing that surpasses in brilliancy this one.

I am proud to be present here to-night to welcome this association, because of the things for which you stand. The association stands for an organization of mercy. Wherever there are the ravages of disease, wherever there may be war or pestilence or famine or flood or fire or disaster of whatever kind to humanity, there the nurse

is found. I am proud to welcome you because you stand for patriotism; and I mean patriotism in the broadest sense, the kind of patriotism of which Dr. Wilmer spoke in his prayer. I have a feeling, as he does, that the test of patriotism to-day lies in service—in service to God, in service to country, in service to humanity. I am persuaded also that the man or woman who does not love his country does not love his God, and he who does not love humanity loves neither his country nor his God. I welcome you because you stand for an organized religion. I mean religion, too, in its broadest sense. There be creeds in the world and there be religions. Sometimes where there is most creed there is least religion, and sometimes where there is least creed there is most religion. I speak of that kind of religion which was taught by the meek and lowly Nazarene when He said, "I came into the world not to be ministered unto, but to minister."

I welcome you because you represent a noble band with the highest conceptions of duty. There was a time in the history of the world when a woman conceived in her mind and in her heart and in her spirit the character of organization which you are fulfilling to-day. It was a woman who did it, and the name of Florence Nightingale, imperishable and unfading, will go down the annals of time one of the world's immortals.

In behalf of the people of Atlanta and in behalf of this city, whom I specially represent, I extend to you a most hearty greeting and bid you a most cordial welcome to our midst.

RESPONSE, AND PRESIDENT'S ADDRESS

BY CLARA D. NOTER, R.N.

President, American Nurses' Association

It gives me great pleasure to express for the nurses who are here and those who have not been able to come, our deep sense of appreciation for the privilege of meeting in this city. We feel sure that we have something to bring to you and we shall probably take a great deal away with us, probably much more than we bring. Someone has said that we get out of a thing what we bring to it; and so I feel sure that in going away from Atlanta we shall only have the happiest and pleasantest recollections and we shall take away with us inspiration and stimulus to go on with the work which we are doing.

At our last convention, now two years ago, the deep shadow of war was hovering over us; our hearts were heavy with sadness, our minds torn by anxieties and our bodies weary with the prolonged physical strain of extra work thrown upon us by the exigencies of war. To-day, nearly one and a half years since the signing of the armistice, we are deeply concerned with the task of readjustment.

While the pressure of actual war conditions has been lifted, the period of reconstruction brings pressure of quite a different type. The deliberations of the next few days will cover a wide range of subject matter, which will be an index to nursing conditions as they now exist and which we sincerely hope, will bring forward suggestions of ways and means of solving some of our problems.

Before declaring the convention open for the conduct of necessary business incident thereto, it seems logical to direct your attention to the character of the profession as it now appears. One has only to face an audience like this to gain an impression of the numerical strength of our organization. At the same time a thrill of pride in its solidarity is instantly "registered." Could there be anything stronger or more simple than our plan of organization—the alumnae, the local and state associations heading up in a national organization, with a delegate system of voting? This general form of organization prevailing in all three of our national associations offers, with its sections and special committees, an opportunity to all its members for expression.

It has been roughly estimated that 100,000 nurses have registered in order to conform to the nurse practice acts which exist in forty-six states, that we have about 3,000 schools of nursing from which probably 13,000 student nurses are graduated each year, and for which superintendents and instructors are required. The hospitals with which these schools are connected need large numbers of qualified nurses to fill the supervisory and other positions that exist in these institutions. The Army, with a personnel of 2,000 graduate nurses; the Navy, with 700; the rapidly developing United States Public Health Service, to which about 900 nurses have been assigned by the Red Cross alone during the past year; the Red Cross, with approximately 275 nurses working under its auspices in many foreign countries; 2,380 in its fourteen Divisions and many of its chapter offices, (1,800 of these as instructors in its classes of Home Hygiene and Care of the sick) while 8,000 nurses listed in the ranks of public health nursing, indicate in a measure the distribution of our members.

Sweeping hurriedly through this rather rough and more or less approximated classification, we can easily visualize this vast army of professional women nurses, pledged to service and, I firmly believe, the highest type of service that a woman can enter.

In viewing our development we find our associations engaged in raising great funds, one for relief of its disabled members; one to build a school of nursing in France as a memorial to those nurses who gave their lives during the war for the purpose of extending and perpetuating a modern system of nurse education under proper

conditions and suitable environment. We find our periodicals well established and our literature increasing. Laws capable of improvement are constantly in need of amendment and, furthermore, must be almost constantly policed. During the past year the nurses have raised large sums of money to finance the committee working for rank for nurses and success in this direction appears to be close at hand, for it has become part of the Reorganization Bill of the Army and the special section providing for relative rank for nurses has passed both the Senate and the House. Large scholarship and loan funds have been placed within the reach of nurses who were desirous of preparing for public health nursing and as instructors in schools of nursing, while postgraduate courses in public health nursing have been increased in numbers.

A plan for national and divisional Headquarters will be presented for your consideration. It is hoped that the delegates will not reach a conclusion too hurriedly. The need for headquarters has never been greater. With our rapidly developing interests headquarters are almost indispensable. We must not let personal or political ambitions sway us, we must stand together, for unless we go forward we must drop back, something we cannot afford to do.

Conditions in schools of nursing, such as long hours and scarcity of pupils, are matters with which all nurses are deeply concerned and for which remedies are being sought. The National League will give the most careful consideration to this subject.

What about nurses themselves? Necessarily some unrest prevails. The nurses who went into active service, an army 20,000 strong, have come back from overseas or from military hospitals in this country, or from naval stations to which they were assigned, with a new point of view; some dissatisfied, it is true, some exalted by a broader and wider insight into the wonderful possibilities lying within their grasp; some physically unfit for nursing, but equal to some other form of work, ready and eligible for the re-education which our Government offers; others, and alas, there are too many! held in the grasp of that dread disease, tuberculosis, for whom arrangements for care under proper conditions are being developed as rapidly as possible by Federal departments.

→ We hear of a great scarcity of graduate nurses. This was particularly noticeable during the recent influenza epidemic,—where are they all? We should have many more nurses now than we had a year ago. Estimating rather roughly, it is true, upon about 15,000 released from active service, add to this the graduates of 1919, of probably 13,000 pupils, we should have at least 28,000 more nurses available for service than we had a year ago. What has become of

them? From such information as can be secured, many seem to be leaving the profession entirely, many enter the business field which at present is offering lucrative positions and alluring possibilities; many are establishing homes for themselves in the country or are taking up land grants; as secretaries they seem to excel, while matrimony and tea-rooms beguile many from the ranks of active workers. We also find many, not leaving for something quite different, but entering related fields of activity, such as social service, anesthesia, X-ray, and laboratory technique; more recently our attention has been called to the fact that many are entering the field of oral hygiene. We are naturally concerned by these deflections from the straight path of nursing, for every one turning aside for what may seem a more attractive opportunity weakens our strength and scatters our power for usefulness. The unrest is not confined to nurses, it is noticeable in other professions as well. It has been stated that 140,000 teachers entering other fields of work last year. A nurse is an important unit in the scheme of life, but the teacher, if anything, is more important and more necessary.

The exodus from our own ranks, however, is our problem, and is a genuine cause for alarm. We should like to see a definite campaign of education of the public to their responsibility in this direction undertaken. The importance and value of a nurse's education, her place in the economic and social scheme, proper schools, separate endowments, should be more generally and better understood. A different attitude should be developed toward the nurse. For example, at one moment she is declared by leading medical authorities to be the most important factor in our public health movement; at the next she is discredited, her work is belittled, she is deprived many times of an opportunity for initiative, a veritable barbed wire entanglement of restrictions is frequently erected about her that is not only humiliating, but crippling to initiative and development. At one moment the nurse's brain is used, at the next her hands only, are required, at the next both brains and hands, and perhaps at the next, neither brains or hands. Can any profession grow and thrive under conditions as they now too frequently exist? Is a nurse necessary in the field as a public health worker or in the institution? Is she an important adjunct to the medical profession or is she not? If she is, then what can be done to interest her to enter the profession and keep her there after she has once entered? What can we do about it all? Isn't this one of the questions that we, as nurses, must try to answer? If it seems necessary to retrace our steps and begin all over, then we must begin the education of a nurse back in the public consciousness. There seems little use of urging young women to enter schools of

nursing if, because of conditions within, it becomes impossible for them to remain after they have entered. Every pupil that does withdraw is a propagandist against the system. Nurses alone cannot make good nurses, they cannot alone support or endow good schools. They need, as does every profession, the public back of them. They require the sympathetic understanding of the medical profession, they also require the support of an intelligent and educated public, at the same time they need to educate themselves to a wider comprehension of their own responsibilities toward the profession they represent and to the public they serve. We hear quite generally that commercialism is invading the ranks of nurses and some rather distressing stories are being told of excessive charges and of arbitrary and un-nurselike attitudes.

Perhaps this is what one might expect as a natural reaction to years of servitude and it is at least in keeping with the times. It is unfortunate, however, if there is any truth in these statements, as the nursing profession because of its uncommercial attitude and high-minded devotion to the principles laid down by the founder of modern nursing, Florence Nightingale, has been able to obtain a position in the minds and hearts of the great public that I believe no other profession enjoys.

While it is true that "Every laborer is worthy of his hire," we believe that we must still continue to make a few sacrifices, we are still pioneers and we should count it still a glorious honor to keep the lamp, lighted by Florence Nightingale so many years ago, trimmed and filled and always burning, we cannot allow it even to dim lest we lose the priceless position that we have gained in the world's work.

(The address of the president of the National League of Nursing Education was missing when the stenographer looked over his papers. It is thought that some one may have borrowed the manuscript without realizing the trouble she was making. If anyone has this in her possession, she is asked to send it at once to the AMERICAN JOURNAL OF NURSING, otherwise Miss Clayton will have to re-write it from her original notes. We greatly regret not being able to give this, in its place, but it will be published later.—Acting Editor.)

RESPONSE AND PRESIDENT'S ADDRESS

BY KATHARINE TUCKER, R.N.

President National Organization for Public Health Nursing

This first gathering together of all of the nurses since the war to discuss their common and special problems is a peculiarly solemn and significant occasion. The terrific cataclysm is past with its horror and sense of impending disaster. For all of us as individuals and as a group it has been a time of testing by fire—and under fire—a time

of meeting and overcoming seemingly insurmountable difficulties. Our failures no one knows so well as we ourselves, but surely we have gained immeasurably. The strength and unity that comes from conflict is ours. And we will need it. Little time and thought can be given to looking back over the past except to gather together the new strength and wisdom gained through experience, for the present is pressing upon us. Whatever of good or evil has come out of these terrible years has put new and increasing responsibilities upon us.

The world of to-day seems calm in comparison with those days of our last meeting, and yet beneath it all are rapidly changing conditions and undreamt-of unrest. To these uncertain times the nursing profession has much of stability to contribute. Whatever diversities of opinion are disturbing the world, even whatever governments rise or fall, partisans of every cause are in agreement upon one point—the sick must be taken care of and increasingly the right of all to health is asserted. This field of emphasis on health has given a new impetus to many nation-wide programs which, while they differ in their immediate approach, have a common goal—the adequate care of the sick, early detection and treatment, and last and most important of all, the prevention of the incidence of disease.

Let us pause for a moment to consider these programs. Out of the years when lives were so freely sacrificed, has come an entirely new realization of the importance of saving lives. Particularly has the life of the child seemed more precious than ever before. The celebration of Children's Year brought to the attention of all that the child must be safeguarded every step of the way. First and foremost, each child has the right to healthy parents. Particularly must the mother's health be protected during pregnancy. Proper care must be provided at the time of birth, that most crucial time in the life of both mother and child. To build soundly for future health every attention must be given to those most precarious and important early years. At that time the young child is peculiarly beset with foes within and without, being particularly susceptible to nutritional disturbances and contagious and infectious diseases. It is a daily marvel that the child survives at all. The tragedy is that too often those who do survive bear throughout life the marks of unintelligent care and even neglect during this formative period.

So much attention is given to the health of the school child that it is rapidly becoming an essential part of the general school program. At the recent convention of the National Education Association, held in Cleveland, there was hardly a meeting that did not touch upon the health aspects of education. It is a well recognized fact that an under-nourished child is an inattentive child and that no amount of expert

teaching can make a child learn who is retarded through certain physical defects. It has, therefore, become axiomatic that in order to make our whole educational system sound the schools must have healthy children—children free to learn.

Out of this far-reaching and all-encompassing insistence on the right of the child to health has entered a new note in the anti-tuberculosis movement, one of the first and most successful of the public health campaigns. Not only for the sake of the individual and other adults, but particularly for the protection of children who are peculiarly susceptible, must adequate early treatment be provided for those suffering with tuberculosis. The center of the modern tuberculosis movement which is being carried on with more vigor than ever before, is the Health Crusade for Children. Not only must children be kept from contact with tubercular patients, but their resistance must be built up so they will be able to withstand infection.

Another of the much needed lessons of the war has been that persons afflicted with venereal diseases are sick persons and must be treated as such. Social stigmas and taboos have not been found effective in eliminating these diseases. Neither closing our eyes nor making moral judgments have prevented its spread to thousands of innocent sufferers. Social hygiene to prevent the occurrence of these diseases and strike at their source now goes hand in hand with a sane and thorough program for early and continued treatment. Only through such measures can a sound public health be built up not only for the protection of the present, but for future generations.

The war has not only helped to bring forcibly to our attention the prime necessity and real possibility of stamping out such diseases as tuberculosis and syphilis. The equal importance of health in industrial fields has been forced upon us, bringing out into bold relief truths just becoming articulate before the war. That healthy workers were essential to the greatest efficiency and highest output was a fact practically proven to few and usually but half-heartedly admitted until the unrelenting pressure of a national emergency necessitated the sweeping aside of all prejudice and quibbling, and the trying out of any measure that might increase production. It was proven beyond the point of controversy that the relationship between fatigue and efficiency is not an academic question and only the concern of the student, but a matter of immediate practical importance. It became of national concern when the country was at war. It called for action when it was found that long hours not only did not increase quantity, but decreased quality. The tired worker was found to be the poor worker and very often the absent worker, because particularly susceptible to illness. Furthermore, it was clearly shown that there is

no greater economic loss to any industry than sick workers. Therefore, every means had to be used to keep this "second line of defense" well, and when sickness occurred to get them well and back to work as quickly as possible. This lesson as to the cost to industry and, therefore, to the country, of the sick or half-sick worker has been remembered, and the employer, the employee and the state are gradually realizing their joint responsibility in this problem of industrial health.

In all these various phases of the public health movement chief attention in the past has been centered on the obvious and truly dramatic unhealthfulness of *city* life, with the result that city hospitals and dispensaries have been built and municipal and private public health nursing work organized in a really encouraging manner. Meanwhile statistical data have grown in volume, showing a higher percentage of mental defect and disease among our rural population and an appalling high infant and maternity death rate from country districts. Further studies have been made which revealed that a larger proportion of children attending rural schools are suffering from physical and mental defects than those attending our city schools. All of these facts we have been told, but again it needed a national emergency so that action commensurate with the need might result. It is, therefore, not surprising that the American Red Cross, which during the war gave of its uttermost to safeguard the lives of the men at the front, should make as the center of its peace time program the development of health work for those living in small town and rural communities. The significance and results from this last most inclusive and far-flung program of all can scarcely be estimated. It has meant an awakening throughout the land as to the health rights of the people.

And so we see this tremendous movement for health sweep forward, bringing a new hope for the baby, the child, and the adult; pervading the home, the school, the factory and mines—and always back again to the home and baby. The naive person taking this bird's-eye view of the situation might gaspingly ask, "Who can do it, and how is it to be done?" But for the nursing profession part of the question has already been answered for us. We hear it iterated and reiterated on all sides—the infant welfare nurse, the school nurse, the tuberculosis nurse, the social hygiene nurse, the industrial nurse, and the visiting and community nurses who include all the specialized types of service, are the answer. The rest of the question,—as to how it is to be done, is that we are here to discuss.

So many doors opening to us and so much responsibility placed upon us would be entirely appalling were not the challenge to service

7 even more stimulating than inhibiting. And we know it can be done, because it must. To meet this tremendous responsibility, however, we must have the cooperation and understanding of the medical profession, of educators, and of the public who support these activities and whom we seek to serve through them. Furthermore, this is the concern of the nursing profession as a whole, though the various groups have differing parts in the process. The question of recruiting more students to the training schools, who will bring the educational background and spirit needed; the equally difficult problem of giving these students an adequate basic preparation for the tremendous responsibilities waiting for them in this growing field of public health, as well as the question of special postgraduate training, are all problems of mutual concern and mutual endeavor. Bound together by this common and self-less purpose, in much the same spirit that made men die to make the world safe for democracy, we can enter upon this new movement to make the world safe for health.

Miss Noyes: I wonder how many of those who are present appreciate the fact that we have an international relationship with the councils of nursing of foreign countries. Nevertheless this relationship exists, and while this is not a meeting of the International Council, it seemed wise to call a meeting of as many members of the Executive Committee of the International Council as we could get together this year. We had expected Miss Dock to be with us, as she is secretary of the International Council, but she has been able to get only as far as Washington, because of the difficulties of train service.

We have with us, however, several representatives from foreign countries. We have a representative from Canada, Jean Gunn; from Denmark, Miss Munck; and from Finland, the Baroness Mannerheim. These are all graduate nurses and presidents of the Councils of those countries. They are to be called upon to-night to say a few words regarding conditions in their own countries. The long period of war has interfered with the close connections which we had formed before war was declared. We hope now to be able to resume the relationship which existed prior to that period.

GREETINGS FROM CANADA

BY JEAN GUNN

The Canadian nurses feel very much honored by being represented here at your meeting at Atlanta, and we are very grateful for the hospitality of the south in receiving us and also very grateful to Atlanta, particularly, for extending to us the hospitality that Atlanta has extended. We feel almost at home already, although we have been here only half a day.

The south, I think, has a particular appeal to northerners, and when we heard that the American nurses would meet this year in the south, we were very much pleased to think that we would have the opportunity of seeing the south.

I notice that I am down on the program as a foreign delegate. I do not feel at all like a foreign delegate. I may say that if I had just closed my eyes and listened to Miss Noyes and Miss Clayton and Miss Tucker, I would almost think that I were at home; because our problems are just exactly the same as your problems. The problems and the difficulties that have been presented to-night by the three previous speakers are also the problems of the nurses of Canada; and we are struggling along in very much the same way that you are in this country, to try and solve those problems.

Of course, in Canada, our nursing body is a very small one compared with that of the United States. Our population is smaller in every way, and our nursing population is very, very much smaller, therefore our nursing activities are to the same degree smaller than yours.

The advancement in nursing in Canada has been in some ways very much slower than the advancement in the United States. We always look to the United States for leadership, and so far the nurses of the United States have never failed to give that leadership to the smaller body of nurses of the north.

Our development in nursing education in our universities is of very recent date. We have in the University of McGill, in Montreal, a chair of nursing which, owing to war conditions, has not yet been actively organized. However, we have that to look forward to in the very near future. We have one training school in Vancouver, the Vancouver General Hospital, which is affiliated with the University of British Columbia. During this past year and a half, we have had university courses in public health nursing established in a large majority of our universities. Nearly all the provincial universities now have such courses. The University of Nova Scotia is organizing a course this year, with the help of the Canadian Red Cross. In the Province of Ontario we hope this fall to organize a course in public health nursing. In organizing such courses, we feel that we owe a great deal to the nurses of the United States, because we have their courses as a guide in the organization of ours, and we feel very grateful for that leadership.

We have felt for a long time, also, very grateful for the courtesy that has been extended to our Canadian nurses by the United States in postgraduate work. That is one thing that we have been very lax

in, in Canada. Now we are starting to establish our own postgraduate courses, but in the past we have depended almost entirely on the courtesy and the help that have been given us by our American nurses.

In registration, in Canada, we have also followed the lead of the United States. At the present time the majority of our provinces have registration for nurses. The Province of Ontario, from which I come, is perhaps the only one that has not some legislation for nurses. The nurses in that province have asked for registration for about fifteen years, and every once in a while we think we are going to get it, and then something happens and we do not. However, before I came away we were assured that we were going to get registration within a few days, so that we may have it when I get back to Canada. Some of our provinces have very good bills and are working out a good system of standardization of nursing education.

I might say here that another thing that we appreciate very much in Canada is the privilege extended to our Canadian training schools to register in the state of New York. By that courtesy, and by that arrangement, our graduate nurses, if they wish to come to the United States to take up any branch of work, are permitted to take the state examination, without which they would not have the standing which they wish.

Our nursing associations in Canada are organized in just the same way as the nursing organizations here. We have the same system of organizations, the alumnae, the provincial, and the national. We have also our Canadian Association of Nursing Education. We have not, however, a Public Health Association, but we formed last year under our National Organization a section on public health nursing. That section is being organized and we expect within the next few years that it will develop very quickly. We may find in the end that we will have a Public Health Nursing Association separate from the others, but our problem is very much smaller, as far as our public health nurses are concerned; so that for the present we have the section only.

We have really been unable to give very much to the American nurses in the way of assistance in the past, but there is one thing I think that Canada has done for the nurses of the United States and their training schools, and that is to give them a great many pupils.

In summing up what the Canadian nurses owe to the American nurses, it seemed a very great debt; and then I happily thought that we have perhaps given something back to you in return. Many of our nurses, as you all know, remain here and form part of the permanent nursing body of your country. They are good American citizens, but I think they always keep their love for Canada. I hope that some time,

perhaps in the near future, the Canadian nurses may be in a position to do something for American nurses; but I want to take this opportunity of assuring the body of American nurses that we Canadians appreciate very much the courtesy and the sympathy, the coöperation and the leadership, which you have always extended to us.

GREETINGS FROM DENMARK

BY CHARLOTTE MUNCK

As a representative of Denmark and the Council of Nurses of Denmark, I want to thank the Nurses' Association here in America for the invitation that you have sent to us. It is with great expectations that I have come over here. Being a graduate from the Presbyterian Hospital in New York, myself, I know during the three years there that the ideals of the profession of nursing are very high in this country. I am sure that the extraordinary development of social work over here and the wonderful work that the representatives from the nursing profession from over here have done in Europe during the war, has developed those ideals and carried them on still higher.

At these times everybody wants to do as little work as possible. And while liberty seems to mean independence only, I feel that it is a great responsibility and a great privilege to belong to a profession which wants to render service and to be everything to every man.

I feel that we have very much to learn over here. Of course we do not have in our country nearly all the serious problems that you have here in this big country. If I should tell you about the nursing profession in my country I just want to tell you that we have a three-year course. We have had very few training schools. Indeed, I can tell you that seven years ago I was the first head of a training school in Copenhagen, the other hospitals having no head of their nurses. The different departments were absolutely independent and the training of pupil nurses was in the hands of the heads of the different departments. We are now working along the lines to get a superintendent of each training school in each hospital in Denmark. But I think that if you come to Denmark for the International Congress that we hope to have in 1925, you won't find conditions as we want them. But we think that the Congress there would be a great help to us in our work.

While I have been here to-day, I have found that the problems of our country are in some ways the same as here. Still there is one problem that has been solved recently in my country, and that is that all the different organizations of nursing, the different organizations

having different heads, some of them being in the hands of doctors and some of them being in the hands of laymen, have decided upon a three years' training for every nurse having the right to be called a nurse and having the right to be a member of the Danish Council of Nurses.

We have sent in an appeal for registration and we hope that in due time we will get it. I think that it is of immense importance that the nursing profession shall work for an even international standing. I feel that all that we can bring to others of inspiration, of lofty ideals, of a willingness to work, will make us more ready, all of us, to a consecrated service that will give us a right to always aim to greater things.

GREETINGS FROM FINLAND

BY BARONESS MANNERHEIM

It will be a great pleasure for me to tell the nurses of Finland of this wonderful meeting that it has been my great privilege to attend. I do not know how much you have heard about my country. It is a small one, but you may perhaps have heard that two years ago we at last, through the war of liberation, got liberty from the Russian rule, and that now we are at last a free country. It was because of this, because this was the first time that Finland was affiliated in the International Council of Nurses, for the first time that Finland could appear as a free country, that I had to come.

To us, who have read about your war of independence, who have always admired the splendid way in which your nation fought for and got its freedom, it seems as if no other nation could like yours understand what we in Finland feel when we are able to stand a free nation among free nations, now that the freedom of our fathers and our forefathers has come true, that the word that was whispered in the darkness of the night could once more be shouted from the housetops.

And that is why I had to come, and that is why I am so happy that it is in your midst that the nurses of Finland make their first appearance in a greater nursing world as citizens of a country that at last is free and happy.

Miss Noyes read, at this point, a telegram from Mrs. Helen Hoy Greeley, counsel of the Committee to Secure Rank for Army Nurses:

We have met the Congressmen and they are ours. The United States Senate has given rank to nurses by unanimous vote with not one voice raised in protest. "It is a good thing to give thanks unto the Lord."

Miss Nutting moved that a message of thanks be sent to Mrs. Greeley. This was carried and a telegram was sent.

The session closed with moving pictures prepared in honor of the Centenary of the birth of Florence Nightingale, called, "Following in the Footsteps of Florence Nightingale."

TUESDAY MORNING, APRIL 13, PRIVATE DUTY SECTION

The meeting was called to order at 9.35 by the chairman of the Private Duty Section, Frances M. Ott, who introduced Miss Noyes as the first speaker.

Miss Noyes declared that she felt the same interest in the Private Duty Section and its activities as in any other part of the American Nurses' Association and said we hear more about the private duty nurse than about any other, unless it is the public health nurse. She called attention to the apparent shortage of nurses and to the fact that private duty and institutional nurses returning from war service wanted to try new lines of work. She believed the feeling of unrest is not normal but a part of the after-war situation which we have to meet and which it will take some time to adjust. She referred to the charges of commercialism which are sometimes brought up against the private duty nurse, and said she believed it was not characteristic of them as a class, but due to isolated cases of overcharging and also to the fact that private duty nurses, like all other workers, had been obliged to raise their charges to meet the increased cost of living. The public thinks of the nurse as an ideal person and when she falls below that ideal, the lapse is the more noticeable. She appealed to the private nurse to use her unusual advantages for spreading the gospel of good nursing, of interesting young women in the profession of nursing, and of enlisting the interest of the public and arousing its feeling of responsibility toward the nursing profession.

Miss Golding moved that greetings be sent Miss Palmer, editor of the *Journal*, who was not well enough to attend the convention. The motion was carried by a rising vote.

NURSES AS I HAVE KNOWN THEM

BY A LAYWOMAN

Having had in our home the services of ten trained nurses, and having been for twelve weeks in a hospital, under the care of various nurses in different stages of training, I may venture an opinion as to their value.

My husband and I agree that if it were impossible to secure the services of both a physician and a good nurse, if given our choice, we would take the nurse. Mark you, the nurse is distinctly qualified by the word—good.

Tales have been told of those who must be waited upon, who demand all and give nothing, who only bathe, take temperatures, give medicine, and report to the doctor, and who never consider it possible to lend a hand outside the sick room, no matter what chaos reigns. We have been fortunate in our many experiences; we count but one of our nurses in that class. She was with us during the first few days of a typhoid siege. When the next nurse came to take the case, she found the bed springs decorated with absorbent cotton and rags which had been used about the patient! It had been more convenient to stick them under the mattress than to burn them.

A good doctor and a good nurse make a fine combination, but the nurse is on that particular case all the time, while the doctor only sees the patient at intervals. For some unknown reason, one who is very ill will seem better when the doctor calls. His visit is the one event in a day of illness, and the patient seems brighter than at any other time. It is the nurse who sees all the bad symptoms. She knows much more than goes on the record sheet and can tell it to the doctor intelligently. She is not frightened unnecessarily, and it is hard for her to realize how dependent the family is upon her.

When the husband or a child is ill, the mother knows that there must be efficient nursing both by day and night. The health of other children in the family must be maintained by good wholesome meals, and their comfort and well-being depend upon her. The servant in the kitchen may take "French leave" or be inefficient, and the worry and anxiety added to the physical strain is almost unendurable. That mother longs to have another pair of hands and feet, for hers are worked overtime. Presto! A calm, efficient, quiet nurse enters your front door and by the time she has donned her uniform, life in that household is completely changed.

When our five-year-old had typhoid, I well remember the eagerness with which I scrutinized the face of the nurse who came in answer to our summons. When we felt that our baby could be trusted to her,—well, it was a "grand and glorious feeling." During those weeks that she nursed our child back to health, a friendship was made which will last through life, and if I were not living, our daughter would turn to her for the help, advice, and comfort that only a woman can give.

At another time, both of our children, seven and ten years of age, were stricken with diphtheria. To get a nurse seemed hopeless. The doctor tried for forty-eight hours with no success, but finally at midnight brought us a nurse that changed that tragic hour into peace. She cared for those two patients in so masterly a way, that her stay

with us was a pleasure we shall always remember. During our quarantine, no laundry could be sent out, and servants were impossible. My husband left his desk at the office and he and I washed the needed clothing daily, and kept the house going. Moreover, after converting our largest bed room into a hospital and preparing everything for the comfort of the nurse and children, we withdrew completely. We knew we could trust her and we never interfered. We did not enter the room, but brought the meals to the door. A nurse has very little chance if the family continually interferes. Know that she can be trusted, and then leave things to her. However, even in this, judgment must be used. I heard the other day of a nurse so rigid in excluding the family, that the baby died of influenza without the mother being warned of the danger. One great joy about this diphtheria nurse, was the fact that she never talked of sickness, her cases, or of anything but pleasant subjects. Her cheerfulness and optimism were a blessing to all of us.

Many nurses are leaving private duty for public health service. Their opportunities for doing good are legion. The proletariat needs oh, so much help and teaching. But do these nurses realize what they are giving up in true friendships, full of a real human element?

Among our inner circle is one who stands alone,—a nurse whom I have known since childhood. When our first baby was born, things went wrong for many weeks. It was she who nursed me back to health, encouraged my husband, and constantly comforted us both when our baby was taken away. Years after, though hundreds of miles away, she heard of my being a victim of typhoid, and without hesitation, dropped her work and crossed three states to come to our aid. Can public health nurses make such a life-long friendship as this?

If the mother is ill, the *good* nurse bridges the chasm. She saves the home, prevents illness in the other members of the family, sees that the children are properly fed. She goes through the dark valley with you and encourages you every step of the way.

As a class, nurses have a high standard of ethics, and in no profession is it more essential. When they come into your home, in time of stress, they become a part of the family circle. Money matters are talked over, and they know the family's financial standing. Their opportunities for gossiping and trouble making are many, but they seldom betray confidences.

It is not alone the Christian Scientists who teach us the deadly power of fear. Every thinking person knows that a patient has a slim chance of recovery when not only he is frightened, but the whole family is paralyzed by fear. It is the nurse's work to eliminate this,

and to encourage all the while. The old saying, "While there is life, there is hope," is a good one, and has saved more than one life. I went through a hideous illness of two years and even the doctors marvelled at my recovery. The steadfast, unflinching faith of my husband led me to make the fight which finally won.

In large cities or in the country, the private duty nurse is especially valuable. The doctor is overworked and inaccessible, as the distances are great, and it is sometimes a task of hours to reach him. Meanwhile, much depends upon the nurse's judgment and efficiency.

At all times, a good nurse can be depended upon. Nothing gives one a greater sense of security, and I am glad of this opportunity to tell what the general public owes to the good, trained nurse.

THE UNITED STATES PUBLIC HEALTH SERVICE

BY LUCY MINNIGERODE, R.N.

Superintendent Nurses Corps, U. S. P. H. S.

In speaking to you to-day of the United States Public Health Service, I feel that it is most important to emphasize the very complex organization of this service, which differs materially from the Army and Navy services.

The Public Health Service was established by Act of Congress in 1798, for the relief of the seamen of the merchant ships, and hospitals were located in various ports. The Service was then known as the Marine Hospital Service. One year later, the privileges of the Service were extended to include hospital care and treatment for officers and men of the Navy and this was continued until 1811, when the naval hospitals were established.

In 1871, a Surgeon General was appointed to supervise the activities of the Service and hospitals. Medical officers were required to take entrance examinations and were appointed in the same manner and with the same conditions as officers of the Medical Department of the Army and Navy.

By Act of Congress, July, 1902, the name was changed to Public Health and Marine Hospital Service, and again in 1912, still further public health functions were imposed and the name was changed to United States Public Health Service, and the Service was established as it is known to-day.

The Surgeon General has supervision of the entire service. The Assistant Surgeons General are chiefs of the various administrative divisions of the Bureau. In addition to these special Divisions, there are directly under the Surgeon General, a miscellaneous Division, the Scientific Advisory Board of the Hygienic Laboratory, conferences

with State and Territorial Boards of Health, and various coöperative activities; for instance, a P. H. S. Officer is serving as Sanitary Advisor to the Governor of Hawaii, as Director of Health for the Philippine Islands, as the Chief Quarantine Officer of the Panama Canal, with the Bureau of Mines for the Interior Department, with the Rockefeller Foundation on the International Health Commission, with the United States Industrial Commission, and the Institute of Tropical Medicine and Hygiene in Porto Rico.

The various sections of the Service have many sub-divisions. Domestic Quarantine includes the inforcement of Interstate Quarantine regulations, diseases of man, prevention of interstate spread of disease, and education of the general public in matters of health.

The Division of Sanitary Reports and Statistics compiles health returns of states and municipalities, publishes health reports, reprints and supplements, collects data regarding spread and distribution of diseases.

The Division of Scientific Research has charge of the leprosy station in Hawaii, the Hygienic Laboratory, with its sub-divisions of chemistry, zoölogy, pharmacology and bacteriology, the Division of Field Investigations, including Industrial Hygiene, Rural Sanitation, School Hygiene, Sewage and Industrial Waste, Pollution of Navigable Streams, Sanitary Organization and Administration, etc.

The Division of Marine Hospitals and Relief, now known as the Hospital Division, includes medical and surgical treatment for seamen of the Merchant Marine, officers and crews of the Coast Guard, life-saving and light-house services, and visual examination of masters and pilots. Recently the activities of the Division of Marine Hospitals and Relief have been vastly increased. This will be taken up later.

The Public Health Service, with the exception of the Hospital Division is a consulting service. It acts in an advisory capacity to local and state health organizations and only assumes control of a situation when these organizations are not in a position to handle it.

The service for many years has operated a hospital in connection with the Immigration Station at Ellis Island. It has taken charge of various epidemics, Congress appropriating annually money for the prevention of epidemics. Bubonic Plague on the Pacific Coast, in New Orleans and Porto Rico has been brought under control through the efforts of the Public Health Service. Yellow fever in New Orleans, in 1905, was eradicated by mosquito destruction. It is interesting to note that prior to 1905, yellow fever at several times caused a mortality of 5,000 to 8,000 people in New Orleans and more than double that number in the Mississippi valley. Business was at a

standstill during these epidemics until the arrival of frost. The yellow fever epidemic of 1879, in the Mississippi Valley, caused the death of 18,000 persons, and for five months business was stagnant, in many instances including the complete stoppage of railroads. The 1905 epidemic started in New Orleans and was advancing with great rapidity, more rapidly than did that of 1879. It was taken charge of by the P. H. S. in July and was completely wiped out six weeks before the appearance of frost, with a total loss of life in New Orleans and nearby towns of about 900, as compared with the devastating epidemic of 1879, and this with no interruption of business or stoppage of railroads. The infantile paralysis epidemic in November, 1916, in New York, engaged the services of 52 officers of the Public Health Service.

For some years past, Congress has appropriated money for the special study of pellagra. The credit belongs to the P. H. S. for the first conclusive demonstration that pellagra is a dietary disease, that it is preventable, and that it may be entirely eradicated from institutions and communities in which it has been prevalent for many years, by the simple means of a properly balanced diet. A hospital for the study of pellagra has been established in Spartanburg, S. C., where experiments in diets have been worked out. Prior to the establishment of this hospital, pellagra patients were cared for in contract hospitals throughout the south, where the disease is particularly prevalent. Intensive studies have been made by the P. H. S. in hook-worm disease, which is also widespread throughout the southern states and which produces not only great impairment of health, but also great economic loss.

In addition to these special studies the P. H. S. has for many years carried on an active campaign against malaria and typhoid fever.

For many years an officer of the P. H. S. has filled the post of Director of Health for the Philippine Islands, with the result that smallpox, once constantly epidemic, has almost ceased to be a factor in the annual death rate in the Philippines, due to the vaccination of ten million people. Bubonic plague, which was continually present for six years before the P. H. S. took charge, has been eradicated. Epidemic after epidemic of cholera has been stamped out. The Cullion Leper Colony was built, hospitals, houses, wards, officers' buildings, sewer and water systems have been constructed, and 7,000 lepers who were distributed throughout the islands, have been transferred to this colony. Beri-beri, formerly prevalent and causing many deaths each year, has been eliminated in many instances by the enforcement of regulations requiring the use of unpolished rice.

Extensive surveys have been made in regard to the pollution of streams in cities and towns throughout the country.

There has been an annual appropriation for the last three years for the conduct by the P. H. S. of special studied and demonstration work in rural sanitation. In the year 1919, rural sanitation work was conducted in thirty-five counties in the various states. From studies conducted by the P. H. S. in rural sanitation, with investigation of fifteen counties, it was concluded that less than two per cent of rural homes of the United States had sanitary devices in the most essential respects reasonably good. It was also determined that by extensive educational methods, rapid advancement in rural sanitation may be accomplished. In coöperation with local and state authorities in twenty-seven counties, extensive operations are being carried on in rural sanitation at the present time.

The Army Appropriation Act, approved July 9, 1918, created in the P. H. S. a Division of Venereal Diseases and appropriated \$2,000,000 for the prevention, control and treatment of venereal diseases. A program for combatting these diseases was formulated and put into effect on a nation-wide basis, in coöperation with local and state health organizations. Two hundred thirty-seven venereal clinics for free diagnosis and treatment have been established. This work was instituted as a war measure and as part of the war work of the P. H. S., but since the war has been much extended.

Realizing the importance of the health of children in the future of the United States and that approximately one-fifth of all deaths of children are under two years of age, the P. H. S. has placed an officer in charge of the Department of Child Hygiene and he has organized a corps to coöperate with local and state authorities working in this field. At the present time, this corps is working in the state of Missouri and is endeavoring to place child hygiene on a firm foundation in that state. Six public health nurses have been appointed as members of this Corps.

New publications and reprints of former publications in the last year have aggregated over 9,000,000. These publications have been sent in response to request and are entirely additional to the publications distributed by the Division of Venereal Diseases, which sent out through the past year, 14,000,000 of its special pamphlets.

The Hygienic Laboratory is located in Washington, D. C. It was established by Act of Congress, March 3, 1901. Here the laws regulating the sale and interstate traffic of viruses, serums, toxins, antitoxins, etc., are enforced and the official standard units for diphtheria and tetanus antitoxins have been established. The Hygienic Laboratory has established standards for testing vaccine, serums,

etc.; it has assumed supervision over the manufacture of arsphenamine, under which name products similar to salvarsan or 606, are being produced; during the war the Surgeon General of the Army required that samples from every lot of serums and arsphenamine intended for use in base hospitals of the Army in the United States and in France should be tested in the Hygienic Laboratory. The P. H. S. also conducts all kinds of research work and gives a special course of instruction in Laboratory training for field workers.

In the influenza epidemic of 1918, Congress appropriated \$1,000,000 to enable the P. H. S. to combat this epidemic. The Service employed 1,085 doctors and 703 nurses and nurses' assistants. This personnel was shifted from state to state as the need arose and as the conditions improved in one area. Many lives were saved and much suffering prevented by the combined efforts of state and local authorities, the Red Cross, and members of the Volunteer Medical Service Corps, acting under the direction of the P. H. S. There were reported more than four million cases of influenza in the United States in the months of October, November, and December, 1918. During that period the deaths from influenza and pneumonia reported in the registration area in the United States were 376,696. The total number of deaths was probably over 500,000.

Section 4 of Act of Congress, approved July 1, 1902, reads as follows: "That the President is authorized, in his discretion, to utilize the Public Health and Marine Hospital Service in times of threatened or actual war to such extent and in such manner as shall in his judgment promote the public interest without, however, in any wise impairing the efficiency of the service for the purposes for which the same was created and is maintained." Accordingly, under this authority, on April 3, 1917, the President issued an executive order making the P. H. S. a part of the military service. At the outbreak of the war there were in the P. H. S., 205 commissioned officers. This has now been increased to 428 commissioned officers, of whom 354, or 80 per cent, served in the Army or Navy during the war as sanitary experts.

By an Act approved March 28, 1918; July 1, 1918; and November 4, 1918, \$2,000,000 was appropriated, to be expended by the P. H. S. for the control of malaria, cerebrospinal meningitis and other communicable diseases, and for sanitation of areas adjoining military and naval reservations and in Government industrial plants, in order properly to safeguard the health of the military forces. In carrying out the provisions of this Act, it was found just as necessary to regulate sanitary conditions in towns and places adjacent to the camps to which the soldiers and sailors went for recreation and amusement,

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control*

as in the camp itself. Accordingly these areas, or extra-cantonment zones, were outlined and placed under the control of the P. H. S.

The problem of enforcing proper sanitary measures in these zones, civilian in character, was far greater than in the camps themselves, where, under military authority, orders could be enforced, and it was a stupendous task to create a like measure of protection in these zones. This task was successfully performed by the P. H. S. in cooperation with local health authorities, in fifty-one zones. The scope of this work involved supervision of water, food and milk supplies, proper disposal of human excreta, the elimination of breeding places of flies and mosquitoes, efficient control of communicable diseases, rural sanitation and public health nursing.

Intensive control operations to combat malaria were carried on in areas about one mile wide, surrounding cantonments, naval reservations, aviation camps, munition plants, ship-yards, and other important war industries. A total area of 1,227 square miles was under supervision, giving protection to an average total of over 1,000,000 military men at all times, as well as to a total of nearly 4,000,000 civilians. The anti-malaria work covered forty areas in fifteen states.

A very important phase of extra-cantonment zone work and one which did a great deal for the prevention and control of disease, was public health nursing. Two hundred and seventeen public health nurses were employed in the extra-cantonment zones. The work done by these nurses contributed largely to the success of the work in these zones. 12-9
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Through proper sanitary disposal of human excreta, protection of water and milk supplies, etc., typhoid fever in this war was a negligible quantity, whereas during the Spanish-American war, more casualties from typhoid occurred than from actual warfare. In order to prevent the spread of typhoid fever and smallpox, the Service gave free treatment to all persons doing war work in the same manner that men of the military forces were inoculated. Cerebrospinal meningitis, of which there were outbreaks in various camps, were investigated by officers specially trained in laboratory diagnosis.

Inasmuch as large numbers of men were rejected on account of trachoma in practically all parts of the country, demonstration clinics have been conducted in the various states for the treatment of trachoma.

At the Hygienic Laboratory, systematic studies were made of the methods of absorption, detection, and prevention of T. N. T. poisoning, in order to be able to prescribe regulations for minimizing this danger, as the manufacture of T. N. T. is surrounded with

considerable risk of poisoning which may readily be fatal unless proper precautions are taken.

Executive order of July 1, 1919, gave the Public Health Service control over the sanitation of the 170 shipyards of the Emergency Fleet Corporation, and the sanitation and medical and surgical relief at the United States Explosives Plant at Nitro, W. Va. A large base hospital was established here for the care of approximately 35,000 persons employed in this plant. Investigations were made at 170 industrial establishments in thirty plants manufacturing T. N. T., picric acid and other chemicals, in order to minimize the dangers attendant upon the production of these commodities. The Public Health Service was represented on committees for regulation of working conditions in practically all plants concerned in war industries where it was necessary to conserve the health of the workers.

For many years this service has been responsible for the medical inspection of immigrants, with the view of excluding persons afflicted with any contagious or mental disease. Two hospitals are operated on Ellis Island in connection with the Immigration Section, one for general and one for contagious cases. These hospitals have a daily average of about 400 patients.

With the signing of the armistice and the demobilization of the Army, it became necessary to make plans for the relief of the members of the military establishment who would be discharged from the Army for physical disability. Accordingly, on March 3, 1919, an Act was passed which authorized the Public Health Service to establish hospitals for the beneficiaries of the Bureau of War Risk Insurance. At the present time there are approximately 50 hospitals in operation. In order to efficiently carry out the instructions of this Act, the United States has been divided into fourteen administrative districts, each under the charge of a P. H. S. officer. Five officers were detailed as chief medical advisors to the following Government bureaus and boards: Bureau of War Risk Insurance, United States Emergency Fleet Corporation, Federal Board for Vocational Education, Bureau of Sanitation, American Red Cross, United States Employees' Compensation Commission.

It should be a matter of common knowledge, from the wide publicity given this Act, that nurses also are eligible for treatment under the Bureau of War Risk Insurance. The P. H. S., in cooperation with the American Red Cross, has agreed that the Red Cross Division Directors of Nursing may refer cases of nurses requiring treatment to the District Supervisor of the P. H. S., who will give instructions as to the procedure required to obtain treatment, and who will also make arrangements for the hospitalization of nurses needing care.

In order to facilitate action, four Division Directors of Nursing in different parts of the country have been appointed as Consulting Nurses, in P. H. S., with authority to confer with District Supervisors concerning treatment for nurses. These nurses are: Florence M. Johnson, New York; Jane Van de Vrede, Atlanta, Ga.; Lyda Anderson, St. Louis, Mo.; Lillian L. White, San Francisco, Calif.

Nurses are also eligible under the Federal Board for Vocational Education and can take any training they desire, in just the same way as do soldiers. A number of nurses have already taken advantage of this opportunity, and any nurse physically unable to pursue her nursing work, as a result of her military service, should be eligible. Application for this training should also be made to the Red Cross Division Director of Nursing, who understands how to reach the Federal Board and how arrangements for Vocational Education should be made.

When one considers that at the time of the passage of this Act of March 3, 1919, the P. H. S. had available for hospital use, only twenty-one Marine Hospitals, in which, during the war, 93,719 patients of the military forces were treated, and that now there are approximately 8000 beds available, with a medical personnel of about 1500 and a nursing personnel of over 900, some idea of the amount of work done in the past year by the P. H. S. can be realized. A number of hospitals have been taken over from the Army and Navy, others have been acquired by rental and purchase, and while conditions in these hospitals still need some adjustment, in looking over the past year, one cannot but feel that much has been accomplished and that the P. H. S. deserves great credit for the work performed.

Too much appreciation of the work of the nurses who have faithfully stood by during these days of organization cannot be expressed. The work in these hospitals is particularly difficult, due to the fact that thirty-eight per cent of the discharged men who come to the P. H. S. are mental cases, and an equal, if not greater, number are tuberculous, practically all are chronic cases, and nursing work is in many ways, pioneer work.

The nurses, the majority of them, have faced these problems as they faced the dangers, discomfort and arduous work in military hospitals, both in this country and in France, with a courage, devotion to duty and spirit of self-sacrifice with which our nurses have always responded to a national crisis.

Recently, the Nursing Department of the P. H. S. has been asked to recommend nurses to the Federal Board for Vocational Education for follow-up work with the students of that Board, particularly

tuberculous students, many of whom are taking training in universities all over the country. A nurse, Mrs. Kate C. Hough, has been appointed in the office of the Chief Medical Officer of the Federal Board of Vocational Education, who is also an officer of the P. H. S., and it is hoped that at no very distant time, this work will be transferred from the Federal Board to the P. H. S.

The appointment of Mary R. Swann, as chief nurse of the Psychiatric Service, has recently been approved. Miss Swann will go to each Psychopathic Hospital as it is opened, organize the nursing service, recommend the selection of the chief nurse and leave it running smoothly in so far as the nursing service is concerned. Her headquarters will be in Washington. She will, in cooperation with the Superintendent of the Nurse Corps, arrange for a course of post-graduate instruction for graduate nurses in psychiatric hospitals and a course of lectures and practical instruction for attendants and orderlies. Nurses trained in psychiatry will be recommended for an increase in salary and general nurses who have taken the post-graduate course and qualified, will be recommended for the increase in pay if they serve in psychiatric hospitals. This increase in salary is warranted, it is considered, by the greater difficulty and danger of the psychiatric service.

Dietitians have been appointed in all P. H. S. hospitals and the chief dietitian acts as mess officer for the hospital, makes all purchases of food supplies, has general supervision of the commissary department, under the medical officer in charge. This is a distinct innovation and it is most gratifying to be able to state that it has proved most successful, both from the standpoint of economy and service.

It is interesting to note that the tremendous increase in hospital work in the Public Health Service, is but a return to its own, as this service was first established for hospital relief, a fact which had been lost sight of and forgotten for many years, because of the increased field activities which have been imposed on the service from time to time, which being of greater interest to the general public have, by degrees, pushed the hospital service into the background from the obscurity of which it has now come forth for all time.

In closing, I wish to say that nurses are still needed for this service, of the kind who have the strength to hold, in spite of all discouragement, to an abiding faith in the future of this service, both as a beneficial organization for the patients and as offering opportunities for advancement for the nurses.

ASPECTS OF PRIVATE DUTY NURSING IN THE SOUTH

BY FRANCES J. PATTON, R.N.

Atlanta, Ga.

There is probably not sufficient difference in private nursing, in either north, south, east or west, for a distinct comparison, but the contrast, if any, is due not so much to the type of home, its surroundings and character, as to the personality of the patient's family, which is reflected in its attitude toward the trained nurse.

When a nurse enters the home of the patient, her demeanor and conduct should naturally inspire both the patient and family with confidence in her ability, and her personality should be such as to establish herself immediately as a member of the family. This is oftentimes quite difficult, especially in the smaller towns and rural communities, where the appearance of a stranger, in the person of a trained nurse, is very often resented.

There has existed, however, a noticeable difference between the north and the south in the attitude of the general public toward trained nurses, this difference being due mainly to the development of public opinion in each section as regards professional women. The north, with its greater wealth, universities, and educators, has always taken more interest in the training and development of its young women than has the south, consequently the fundamental principles of hygiene, first aid to the injured, and care of the sick are instilled in the northern women's minds long before they are called upon to do their part in life. Therefore when the emergency occurs, she ably meets the occasion and rarely needs to summon a professional nurse. This is not true of southern women,—many were brought up in almost total ignorance of the simple rules to be followed in cases of necessity, consequently when a crisis arose she was not prepared to meet it. It is only in recent years that southern educators have realized the necessity of teaching at least the rudimentary principles of caring for the sick and have established a system of hygiene in the schools. Intelligent criticism of this attitude of the south cannot be made unless we first consider the reason for this condition. There was not such a thing as a trained nurse in the south a long time ago. We had our negro mammies for nurses, and good ones they were. If you cut your finger, she ran to the attic for cobwebs and by applying the same to the cut, the bleeding was stopped. If you had a nose bleed, she immediately placed a bunch of keys at the back of your neck, and many other simple remedies of like nature were utilized. Time and education have done much to eliminate these methods and superstitions, and we now laugh at the old ways of curing ills, and

yet as we laugh there comes to us the great realization of what the trained nurse really means in the home. She has become an essential factor in southern life. She ranks next to our doctors and because of this she must consider her great obligation to mankind and her profession and realize that her own aims and wishes are of secondary importance, and that at all times the care and welfare of the sick and suffering is of primary importance.

Nursing is unquestionably one of the greatest vocations of the day, and private nursing presents as great an opportunity as any branch of the profession. The increased opportunity for study of the sciences and the research work open to the nurse during her training, have done much to add to her prestige, and on account of the many advantages the schools offer and the honor attached to a professional career of this character, the field for opportunity is broadening each day.

Because of the many demands made upon the professional nurse there are certain essential qualities which she must bring into her work, but the successful private nurse's first requisite must be "adaptability." After many years of constant nursing I easily consider "private duty" the most pleasant branch of our work. It is true that institutional cases have many advantages over the typical home cases, and the personal responsibility, while on duty in a hospital, is less. It is also true that the rules and regulations enforced by hospitals relieve the nurse of much trouble in dealing with the oftentimes overly-anxious family of the patient.

In connection with private nursing, one of the most difficult problems the nurse has to deal with is "off-duty hours." The ordinary complaint of patients against the nurse is that she will go out "every afternoon," not realizing that a nurse who remains on duty throughout the day and who is frequently called upon during the night, must and does lose much of her strength and vitality and is, therefore, not able either physically or mentally to give the type of service she should be able to render, provided she had the necessary relief from the sick room. There are cases, when the patient is very ill, where continuous service over a long period of hours is necessary. Then we have to depend upon some member of the family, an obliging neighbor, or a servant, to relieve us, and while we appreciate their efforts to help, we naturally are anxious and uneasy about our patient's condition while we are away from him, still it is absolutely necessary that the nurse have sufficient rest and recreation to be able to give her best service.

In my long and varied experience of private nursing, I do not recall but one case where I could not get sufficient rest. On this case

I was relieved from 3 a. m. to 6 a. m. daily, and after five weeks of this kind of service, on an out-of-town case, upon returning home, I found to my horror that I had gained fifteen pounds in weight, consequently I suffered no ill effects from an average of 21 hours of daily service in the sick room.

At the present time there is a shortage of private duty nurses and of pupil nurses in our city. This fact is due to several causes; viz., a number are doing public health work, some are still in the Red Cross service, others are engaged in hospitals, many have become attached to doctors' offices, and schools, consequently there is a growing deficiency in the number available for calls. The fundamental cause for this, as can be readily seen, is the long hours of duty in private nursing, which is also the determining factor against many young women entering training schools.

In conclusion, allow me to say that the ambition of the southern woman is as great as that of any professional woman. She is willing to enroll herself on official registers, to ally herself with any civic movement that is connected with service, fully realizing that the profession of nursing is one of the greatest, worthiest and noblest of mankind. There is no doubt but that we are truly appreciated in Atlanta. Our doctors, our club women, our patients, are all our friends. They are interested in all of our undertakings, ever ready to lend us aid and give encouragement when called upon, and among ourselves there exists good fellowship, so let us feel that the nurse, in whatever capacity she serves and wherever she serves, becomes, as it were, a guardian of life, a sentinel in the still watches of the night, always patiently kind, ever ready to aid, never shirking her duty, but with her face ever toward the right and with a heart full of courage she is faithful to the end, ever conscious that there is one privilege, a greater blessing than receiving, and that is the pleasure of giving a life of service.

THE FUTURE OUTLOOK OF THE PRIVATE DUTY NURSE

BY WINIFRED BOSTON

Cedar Rapids, Iowa

Private duty is the oldest of the different branches of nursing. Even before we had hospitals, there was bedside nursing, such as it was in those times, and we can never do without the private nurse when our dear ones are ill; there is no one who can take her place at their bedside.

The outlook for the private duty nurse is greater than ever before, for she can help every other branch of the nursing profession by her influence. The public health nurse alone is not responsible

for the health of the public; she must lead, but the other two divisions of the profession must stand on either side, doing their share. The private duty nurse has a big responsibility in the campaign for better health. It is she who comes in direct contact with the wealthy group of patients. She can influence the mayor, the members of the board of aldermen, the members of the board of finance, and all other political men, in their own homes.

The public health workers meet them when they appear in favor of some health bill, but it is the private duty nurse who is meeting influential citizens every day. She can do more than she realizes in her conversation with those with whom she comes in contact, she can straighten out many misunderstandings, and in her talk interest people in the welfare of others in their city or town.

Many people do not know what is being done, or why it is done, that all nurses are working for a strong and healthy race. People do not know how much the hospitals are doing and what good the school and public health nurses have accomplished.

In all our nursing journals, at the state meetings, etc., public health nursing seems to be the topic of the day, and makes the private duty nurse wonder if she is a back number, getting rusty or in a rut. But no, the private duty nurses are just as essential as ever, and their work is as highly important as any. However, there is also great need of these other workers in the newer branches, and like anything new, it must be well advertised to gain the attention of the public.

The city, state, and nation as a whole should be interested in providing the highest and best training for those who are to engage in the pursuits by which human life and human health are conserved. The private duty nurse should interest the people with whom she comes in contact in these things. The problem of the adjustment of the nursing profession to the social need of the less affluent classes of society remains; its solution has not been found in the proposal of less efficiently trained women for family service. It has long been a question in the nursing profession how the middle class could have good care at less expense, and we private duty nurses feel that the public health nurse is answering a long felt need.

The outlook of the private duty nurse sometimes seems dull and monotonous, but there are so many kindnesses a nurse may do that are never forgotten and cost her nothing except a little thought for others. David Grayson's books, *The Friendly Road*, and *Adventures in Friendship* always make me think how much a nurse might gain from her contact with everyday people.

For many centuries nursing was but a common duty of domestic life, and was often performed interchangeably among the households

of a community, with experience the only teacher. The nursing profession is moving forward but under heavy encumbrances, and the spirit of commercialism which has infected so much of modern life, I admit with shame, has prevailed too often in the profession of nursing. But don't let the ideal nurse of the past fade. We must keep up the spirit of helpfulness and not hold back part of the price of genuine service. We must look upon our work as a means of service, as well as a means of livelihood. The private duty nurse must be public spirited and keep up with the times; she must be well posted on many subjects and must have a broad outlook,—it is a duty we owe ourselves, as well as a benefit to those we care for.

To win for herself a fitting place as the handmaid of modern and preventive medicine, to hold for herself her traditional place in the ministry of human pain, the nurse of to-day can neither be too womanly, too well trained, or too good!

(The addresses on Malarial Fever by James E. Paullon, M.D., and on Pellagra by Stewart R. Roberts, M.D., were sent to the authors for revision and were not returned in time for this issue of the JOURNAL. They will be published in a later number.—Acting Editor.)

WEDNESDAY MORNING, APRIL 14, BUSINESS SESSION

Miss Noyes called for pledges for the Relief Fund, which were given.

Report of the Board of Directors of the *American Journal of Nursing*:

Since the twenty-first annual convention of the American Nurses' Association, in Cleveland, in 1918, the Board of Directors of the *American Journal of Nursing* Company has held the following meetings: In 1919, one meeting was held in January and another in October in New York, with an informal conference in Chicago, in June, at the time of the League meetings; in 1920, the annual meeting of the stockholders was held in January with meetings of the Journal Board immediately preceding and following.

At the annual election in 1919, Miss Noyes declined reelection to the Journal Board, because of her being an ex-officio member, as president of the American Nurses' Association. Anna C. Jammé, of San Francisco, was the new member elected. At the last annual meeting of the stockholders, in January, 1920, two new members were elected: Mrs. J. E. Roth of Pittsburgh, Pa., and Jane Van De Vrude of Atlanta, Ga. The present Board consists of Sarah E. Sly, president; E. M. Lawler, secretary; Mary M. Riddle, treasurer, with Sophia F. Palmer, Anna C. Jammé, Mrs. J. E. Roth, and Jane Van De Vrude.

Including the subscription to the Journal in the annual dues of all associations was a definite part of the reorganization plan, but during the latter part of 1918, owing to the shortage of paper, a request came from the Government that this practice be discontinued. In complying with this request, the Journal advised all associations to put forward the date when this would go into effect until January 1, 1920, hoping that conditions would be changed. Each month,

however, has brought a greater increase in the cost of manufacture of the *Journal*, due to the demand of printers for higher wages, so for the first time in the history of the *Journal*, the subscription price was advanced on January 1, 1920, from \$2 to \$2.50. This means that to associations subscribing in a body who received it at \$1.50 there is an advance to \$2.00; to clubs of twenty or more, an advance from \$1.75 to \$2.25; and to individual subscribers, an advance from \$2 to \$2.50.

The advertising rates in the *Journal* have also been increased, as the subscription list had increased to warrant it.

During the year 1919, a 4 per cent dividend was paid, for 1918, to the stockholders, the American Nurses' Association, and \$4,000 was invested in Liberty bonds. No dividend has been declared for the year 1919.

During the past two years, the *Journal* has passed through a very critical period, as have all other magazines, but in spite of all the difficulties, the *Journal* has done a larger business and has added a greater number to the subscription list than ever before. For the coming year however, we cannot reach out and try any new plans until we have a larger income, and until the country is settled on a more stable financial basis and labor has become less exacting.

The Nurses' Central Directory in Rochester, which had been the home of the *Journal* for several years, was moved to a club house where there was not room and where the location would not be convenient for the *Journal*, so on April 1, 1919, a new home was found in a very attractive office building at 19 West Main Street, and we are fortunate in having secured a contract for three years.

The activities carried on as a part of the daily routine of the *Journal* office include headquarters for the Interstate Secretary, office for the secretary of the American Nurses' Association, for the Robb Fund, the Relief Fund, and the treasurership of the American Nurses' Memorial Fund. You will readily see that these various activities indicate that office expansion will soon be necessary.

For the past three years the *Journal* has shared with the American Nurses' Association, and the National League of Nursing Education, in the salary of the Interstate Secretary, but in view of the unsettled condition of affairs it has been decided not to contribute to this salary another year.

In order to give more space for the Department of Nursing Education, the *Journal* has extended its pages for this department from seven to nine and has increased the salary of its editor.

In a recent comparison of the subscribers to the *Journal* in the different states, it was very surprising to find that the states with the largest membership usually had the smallest proportion of subscribers. This is not true of Pennsylvania, for this state has the largest number of subscribers, due, no doubt, to the fact that the *Journal* is included in the annual dues of alumnae associations, an important step in advance.

The reorganization of the American Nurses' Association made the state the unit of membership, and now nearly all of the state associations have provided for a standing committee to promote the interests of the *Journal*. It is too soon to see the result of their work, but it is most earnestly hoped that the officers of each state association will realize the importance of the responsibility which has been placed upon them through this committee, and it is also hoped that each delegate will go home from this convention with renewed interest in the future of the *Journal*. This is your *Journal*. The success of it depends upon the individual effort of every member. This association, which now represents 47 states

and one territory, with a combined membership of more than 35,000, should stand solidly back of our *Journal*.

Only the members of the *Journal* Board can realize what it has meant to the editor-in-chief, Miss Palmer, and her very able associate, Miss De Witt, to continue to give to us a magazine of such educational value, and one which is also so popular. Words are inadequate, at this time, to express fully our tribute of sincere appreciation for their faithful services all these years.

SARAH E. SLY, *President*.

After a discussion of the way in which association members could support the *Journal*, Miss DeWitt gave a message of greetings from Miss Palmer, editor-in-chief, to the delegates present, expressing her regret at not being present. In response to this, it was voted to send a telegram of greetings to Miss Palmer.

REPORT OF THE INTERSTATE SECRETARY

MAY, 1918, TO APRIL, 1920

As the period since the last report given to the general meeting of the American Nurses' Association covers a period of nearly two years, it seems almost impossible, in a twenty-minute report to more than touch on the places visited and certainly no detailed report can be given.

From May 11, 1918, to January 15, 1919, six states and thirty cities were visited and seventy-nine addresses given. At *Rochester, N. Y.*, three high schools, the City League, and the senior classes of the schools for nurses.

In *Vermont*, Proctor, Rutland and Burlington were visited. Pupils and graduates being addressed in each place and the State Association and the State League at Burlington. In *New York*, Plattsburg and Albany. Two graduating addresses and Albany and Rensselaer Associations and high school pupils. Later, *Buffalo* was visited.

In *Illinois*, eight alumnae associations were addressed in Chicago,—also Elgin, Peoria, Quincy, Moline and Ottawa visited, speaking to district associations, alumnae, pupils, and young women in the Student Reserve. In *Wisconsin*, under the auspices of the Milwaukee County Chapter of the Red Cross to one hundred and sixty nurses taking their State Board examination. Spoke to pupils and graduates of the city, and had a conference with the Committee of the State Board of Examiners. In July to the District Association in Fond du Lac. In *Madison*, to students at the University, the Board of Directors of the hospitals, and to the Graduate Nurses' Association. In *Iowa*, Davenport, Cedar Rapids, Burlington, Oskaloosa, Ottumwa, Des Moines, Sioux City, Fort Dodge, Waterloo and Dubuque, speaking twenty-two times.

In *September*, in *New York State*, visited Ogdensburg, Saranac Lake, Utica, Oneida, Amsterdam, speaking nine times. Later, in *September*, at *Yonkers*, Staten Island and Flower Hospital, New York. A second visit to *Wisconsin* State Association, the League and pupils at the Milwaukee County Hospital, visiting Kenosha, and giving the graduating address at Moline, Ill.

Ohio,—dates with the exception of Cleveland were cancelled on account of the influenza and the Interstate Secretary supervised the untrained in Rochester and taught Red Cross classes until released for work with the Student Nurse Reserve in Washington from November 9 to January 15. After the executive meetings in New York, *New England* was visited. On this visit to Massachusetts

twenty-seven places were visited, besides addressing the State League and State Association. On the visit just completed, February, 1920, sixteen places were visited and twenty-one addresses given, a number of meetings having to be cancelled on account of the influenza and the storm.

Connecticut was visited in 1919 and 1920. The State Association at Waterbury in January, 1919; in March six meetings were held; in March, 1920, nine places were visited and sixteen addresses given, four of these being at district meetings. Before leaving for North Dakota, Canandaigua, N. Y., was visited.

In *North Dakota*, the Interstate Secretary spoke many times during the state meetings and held many conferences looking forward to the harmonizing of all nursing interests. From North Dakota, a jump was made to *South Carolina*, stopping in Washington for a conference with Miss Noyes. The State Meeting at Florence was the principal event in South Carolina, during this a memorial service was held for Miss Delano, and another at Camp Jackson. At Columbia, one week was spent at Camp Jackson; eight addresses and several conferences, both at Camp Jackson and Columbia. Another visit was made in *Ohio* to Cincinnati. In January of 1920, Cincinnati, Dayton, Columbus, Youngstown and Akron were visited, all of these being district association meetings, except Akron, which was under the auspices of the Akron Nurses' Club.

From *South Carolina*, with one stop at Cincinnati, the Interstate Secretary went on to *Indiana*. Fort Wayne, South Bend and Terre Haute were visited, speaking six times to district associations and to training school pupils. To Chicago for the conference with the guests of the nation under the Children's Bureau, and back to *Indianapolis*, speaking to the League, District Association, student nurses taking State Board examinations, and to pupils at the Robert Long School.

Missouri.—St. Louis, Kansas City and St. Joseph were visited. At St. Louis, the District Association and the City League were included in the seven addresses given. In Kansas City, a luncheon at the City Club given by the Visiting Nurse Association and seven affiliated boards was addressed, as well as District Association, superintendents and students. At both St. Louis and Kansas City, students taking State Board examinations were addressed in a body. In *Oklahoma*.—Tulsa, Muskogee and Oklahoma City. The District Associations, League and students of the various schools were addressed, students taking examinations at Oklahoma City.

In *Nebraska*.—Omaha, Lincoln, and Hastings were visited. Districts, students, Catholic Sisters were addressed, as well as in Omaha, a group of superintendents, doctors and members of hospital boards. In all these states many conferences were held. On the way to the League meeting, June, 1919, Davenport, Iowa, and Molina, Ill., were visited. At the latter, a joint meeting of the 5th and 8th districts was held, and at Rockford, a graduating address was given.

Having very inadequately covered the period from May, 1919, to June 1919, without special comment upon conditions found, the Interstate Secretary will report from that period to April, 1920. After the June meeting of the League in Chicago, she went to *Missoula, Montana*, where she lectured from one-half to three hours daily, for a period of twelve days, on training school administration, teaching and training school records. This was in an institute for nurses at the University of Montana. From here she went to the meeting for conference of the northwest states, Montana, Washington, Oregon and Idaho, (no representation). The Glacier Park meeting was an inspiration, with many fine papers and most interesting discussion.

The Interstate Secretary's vacation intervened between this and the other visits in Montana, which were to Great Falls, Butte, Billings, and Bozeman. Six meetings and eight conferences were held in these places. A very profitable week was spent in Spokane, Washington, addresses being given to the alumnae of its three schools and to the pupils separately. The week opened and closed with a county meeting. Two high schools were addressed, making over two thousand girls to whom nursing as a profession was presented. The Chamber of Commerce and Washington State Medical State Association were also addressed. Apparently much enthusiasm was aroused for both Rank and the *Journal*, and we trust also for our Funds. Colfax, Walla Walla and Yakima, Bellingham, Tacoma and Gray's Harbor were all visited. Meetings of pupils, graduates, high schools and open meetings were held. The Sisters of Charity of the Order of Providence were most interested in these meetings and most hospitable. Seattle was most generous in giving more time to the Interstate Secretary for rest than was justified, considering that they also gave up some time to Idaho, but all their hospitals were visited, a conference was held with the Superintendent of Schools, pupils of six training schools were addressed at one time, and the County Association meeting was held at the end of the visit. The Interstate Secretary was brought back to Seattle for other conferences, with the superintendents on formation of a League and to urge the support of a Central Directory and with the Dean of the University on its affiliation with Seattle hospitals.

The Interstate Secretary visited Idaho, attending the Northwest Tuberculosis Conference at Boise. She spoke both at the conference, to the high schools, the Commercial Club and at a called meeting of the Idaho State Nurses' Association.

In Oregon,—Pendleton, The Dalles, Oregon City, Eugene, Astoria and Portland. All training schools were addressed, high schools, the Women's Club, the Chamber of Commerce, the Board of the Visiting Nurse Association, and many conferences held. Great courtesy and enthusiasm was shown. Oregon seems very desirous of districting and is very progressive.

California, all but three of its fifteen districts were visited; all the high schools in San Francisco were addressed; there were two meetings of students which covered the thirteen schools and 158 students taking the State Board examinations were addressed. Two mass meetings of graduate nurses were held, students at three colleges, a Normal school, several women's clubs, each alumnae with the pupils was addressed in Los Angeles, as well as a large meeting of the district. In fact, there seemed almost no group in California which was not somewhere addressed, and everywhere the Interstate Secretary was entertained most lavishly with dinners and luncheons and was the recipient of wonderful flowers.

Arizona was most interesting,—Phoenix, Tucson and Douglas being visited. The Phoenix Association was addressed, also pupils at schools in Phoenix and Tucson (the only two schools in Arizona). At Tucson, Arizona, the Arizona State Association was formed, with Agnes Randolph, formerly of Virginia, as its first president. The Assembly at the University of Arizona was addressed and a mass meeting. The Pima County Association was addressed at Douglas.

Texas was visited during the coal shortage, but in spite of the delays caused by this, only one meeting was missed, at Wichita Falls, but a hurried meeting was called that evening. Twelve towns were visited, Fort Worth cancelling its date. Pupils and graduates were addressed in each city, conferences were held, a luncheon in El Paso to the Medical Association and the nurses and also addresses to the Women's Club and to high school students. Texas, as ever, was

most hospitable, although the time being just before the holidays, was not as favorable for them as it might have been.

Three days were spent in Rochester at the office, with letters, reports, etc. January 14 to 17, 1920, in New York City at executive meetings. January 19 to 22, *New Jersey*,—district meetings at Newark, Passaic, Long Branch and Camden. This was the second trip to New Jersey, the first trip of the Interstate Secretary being to New Jersey, in 1917.

New York City, January 23 to January 30. Alumnae of St. Mary's Free Hospital and Nursing and Health students, Teachers College.

New Hampshire, March 10, State meeting at Manchester. March 11, Hanover, was cancelled on account of storm.

March 12 to 15, *Rhode Island*,—visited Woonsocket, Pawtucket and Providence, speaking to pupils and graduates in each place. To a called meeting of the State Association. This was the second visit to Rhode Island.

March 29, visited the Hackensack Alumnae Association and school. March 30, conference with Misses Nutting and Gray. March 31, to Senior class at Presbyterian Training School. April 1, the whole day with Miss Gray in conferences as sub-committee on a committee on transfer of Bureau of Information and National Headquarters.

Wilmington, Del., was visited on April 7, two addresses given to the Directors of the Red Cross, the Boards of the hospitals, and the medical profession, on the present nursing situation, and to the students and graduates of Wilmington. At *Baltimore*, a called meeting of the State Association was held and in *Washington* at the Nurses' Club, a meeting of students and graduates under the District of Columbia Association.

→ The Interstate Secretary would, at this point, like to make a few quotations from her report to the Executive Board at the January meeting, at which she stated what had impressed her as standing out vitally: *First*, that the great unrest throughout the country was strongly reflected in the nursing profession everywhere; *second*, that this is met by the most serious and illogical antagonism on the part of the medical profession and in many instances, the lay people on hospital boards, as to our nursing standards; *third*, that the tremendous shortage in applicants for our schools is not confined to one part of the country nor to one class of schools; that in many instances, the claims of sufficient number of pupils do not seem to be borne out by the facts; *fourth*, that there is a tremendous increase in the demand for private duty nurses, public health nurses, and institutional nurses; *fifth*, that there is an alarming increase of practical nurses, whether calling themselves graduates or not, but charging and receiving the same salary as graduates, in many instances introduced into the hospital on the same footing as the graduates; that there is an absolute lack of any sort of standard by both medical profession and the laity as to the graduate nurse.

Some of the suggestions made by the Interstate Secretary were that efforts must be made to reach the large class of women in every city and state, who do not belong to any organization or take any interest in nursing affairs, that more effort must be made to get the proper women into executive positions in our schools, that more institutes should be held to help reach the women who are not prepared; that we have campaign for placing the *American Journal of Nursing* in all our schools, with all our superintendents; that we need to bring nursing organizations into closer affiliation; that every nurse must understand her responsibility toward the schools and for interesting the whole community in nursing and thereby inducing young women to enter this field. That we need

nurses sent to every meeting to represent our national organizations, such as the Tuberculosis, Catholic Hospital Association, conferences on social work, etc. We must form some plan to keep the Army nurse in our associations and have some form of transfer for her. We must educate the private duty nurse and the institutional nurse as well as every other nurse as to her individual responsibility.

The Interstate Secretary is chairman of a committee which will present a report at this meeting, outlining a suggestive plan of work for the American Nurses' Association for the next two years, consequently she will not present here any suggestive plans other than these; that the state associations undertake to reach every nurse eligible for membership in the American Nurses' Association and see why she is not a member, and what can be done; our alumnae associations should understand their membership in the District, the State and the National, and make their by-laws coincide. Our association should study parliamentary law and learn to conduct their meetings on purely business lines. Our secretaries and treasurers do not always know their duties and some of our presidents do not realize that they are there to preside and not to control the discussion. Our meetings should be made educational in regard to our own organizations, their constitutions and by-laws, our state laws and how administered, as well as the requirements, their weak points; our other national organizations, their purpose and requirements, why we wanted rank and what it will do; in other words, we should begin educating ourselves and then proceed with the public and the medical profession.

The past two years have been very valuable ones to your Interstate Secretary, and while criticising in a measure, she feels that it has been a tremendous privilege to meet and know the splendid women who are so unselfishly bearing the burdens of our profession, while others perfectly able to help, only criticise, and that not at the proper time and place. Thanking all, in every state visited, for their help and coöperation the Interstate Secretary gives her report with the sincere hope that she has been able to bring some help and some inspiration to them, for certainly she has carried it away from them.

ADDA ELDREDGE, *Interstate Secretary.*

A rising vote of thanks was given Miss Eldredge for the help she had brought to the associations.

The meeting was then adjourned.

WEDNESDAY AFTERNOON, JOINT SESSION

MENTAL HYGIENE SECTION

The meeting was called to order by Miss Noyes, who introduced Elnora Thomson, chairman of the Section, as presiding officer of the meeting.

A PROGRAMME OF MENTAL HYGIENE FOR NURSES

BY WILLIAM BARCLAY TERHUNE, M.D.

Medical Director, Connecticut Society for Mental Hygiene, New Haven, Conn.

It is my intention to speak to you to-day of recent explorations in the land of mental disorder, and to point out how urgent is the need there for more workers, especially nurses. This vast country has always been isolated from the rest of the world by a great glacial

barrier composed of concepts crystalized from the fluid thought of bygone periods. Fortunately, this great accumulation of ignorance is melting under the bright penetrating rays of approaching knowledge, and the archaic beliefs of which it was composed are being drained off through the channels of human intelligence. The subject becomes more approachable and there is a new interest in psychiatric problems, since the realization that a rich new field of endeavor has been opened to scientific exploitation.

Beyond the glacier, in the country of mental disorder, a few persistent pioneers have worked for several years, blazing wide trails through it in search for the spring of mental health, and at the same time offering assistance to those long neglected individuals who live in the land of mental disorder. These missionaries, most of them disciples of mental hygiene, have travelled in various directions and have collected much interesting and useful data. One interesting fact reported by them is that the morass of alcoholic psychoses and deteriorations is rapidly disappearing since the fountain of spiritous liquors ceased flowing, so that now even the weakest may pass through this region without fear of the quicksands of alcohol which formerly engulfed so many.

The disciples of mental hygiene have carefully marked and described the paths travelled by them, that those who follow may find their way more surely. So now one may travel through this country along the well defined paths of psychology, of clinical psychiatry, of psychiatric criminology, of industrial psychiatry, or of psychiatric social service, all leading toward the same desired goal but each passing through different fields of endeavor.

The word has gone forth that hundreds of thousands of those who dwell in the land of mental disorder are suffering and dying for want of adequate medical care. Since the beginning of time, nurses and physicians have never failed to answer the distress signal of sick humanity. The need is so great that we must all spend part of our time working in this field and some will devote their lives to it. Since there is this great demand for your assistance, I wish to suggest how you may approach this country, offer advice as to what you need to carry with you, and mention some of the things waiting for you to do when you arrive.

Psychiatric Education Essential. A mental hygiene program for nurses does not materially differ from a mental hygiene program for physicians, with the exception that the nurse's knowledge need not be so complete since she is usually associated with a physician in her work. But such programs, whether for nurses or physicians, must demand the essentials of psychiatric education, and there is no royal

road to mental medicine, like all knowledge, it must be gained through effort and experience. This is mentioned because in the course of lectures delivered both to graduate and undergraduate nurses, I have detected a desire to find short cuts to psychiatry. It is needless to say that this is impossible.

It is unnecessary to tell you of the importance of recognizing that all mental disorders and defects are fundamentally and entirely diseased states, and that the explanation, diagnosis and treatment of these diseased states is based purely on scientific knowledge. While theories may exist in mental medicine, as in all other branches of medicine, the foundation of science is fact, and theories are usually only makeshifts to serve until facts are discovered.

In this connection it can be said that many who study psychiatry are given a mixture of fact and fancy with no definite line of demarcation separating the two. Since a mental hygiene program for nurses must be essentially educational, which means that the nurse must be educated in such a manner that she may not only use the knowledge imparted to her, but may also transmit it to others, I insist that such education should consist primarily of the *facts* of psychology, clinical psychiatry and psychiatric social service, and that only such accepted theories be given the nurse as will assist her in understanding the facts. Those responsible for training nurses, whether it be an undergraduate or postgraduate group, should insist that the lecturers in psychiatry shall not parade their pet hobbies before students who have not sufficient psychiatric background to weed out the facts from the fancies, for it is as necessary in psychiatry as it is in all science, for one to be careful at whose feet he sits, for there are careless, if not false, prophets in the land.

It seems best to approach the land of mental disorder along the straight road of education which is paved with the cobble stones of fact. You should be interested in the theories of the landscape, but never lose sight of your guides, who will be Psychology, to show you the road; Clinical Psychiatry, to conduct you within the gates; and Psychiatric Social Service to accompany you within the land of mental disorder. When these guides leave you, if you have cultivated them sufficiently, they will present you with the priceless gifts of comprehension, knowledge, and potential usefulness, and it is most important that one carry these with him while working in the land of mental disorder.

In the course of the journey along the highway of education, nurses should not waste their time worshipping psychiatry in any temple of learning which does not offer clinical advantages in that subject, for it is practically impossible to grasp psychiatry unless

clinical material is demonstrated. Therefore, education supplied the minor reason why all general hospitals should have a psychopathic ward; service to humanity, the major reason.

As the land of mental disorder is approached, a splendid group of people known as Psychiatric Aids will be encountered. These workers are graduates of various schools of sociology which offer special training in psychiatry. They are thoroughly imbued with the principles of sociology, although they have little medical background with the exception of psychiatry, and possibly because they have no knowledge of Aesculapian principles, some may exhibit a tendency to assume medical responsibility when the physician's supervision does not please them, but be this as it may, they have a very valuable, broad outlook in regard to the relation of psychiatry to sociology, and in this I would have you follow them. We of the medical world are too prone, in our study of the individual, to forget that each person is a unit of society; in mental medicine it is especially important that this relationship be remembered.

This preamble as to the necessity of adequate psychiatric education is necessarily included as part of a program of mental hygiene for nurses, since no mental hygiene activities exist which are not intimately connected first, with the study of mental disorders and second, with the application of the facts discovered. Therefore, a mental hygiene program demands that all nurses receive as part of their fundamental training, psychiatric instruction associated with demonstrated clinical material, the amount of time devoted to such instruction being relatively equal to that given to the other important branches of medical science.

Opportunities for Psychiatric Nursing. It has been said that nurses do not generally feel the need of psychiatric knowledge; your attendance here to-day is proof to the contrary, but the answer to those who disagree with us is obvious, that they need only acquire such knowledge to find an opportunity for its every-day application. Having outlined an approach to the subject of mental disorders, I wish to discuss the nature of the work open to nurses in the field of mental medicine. Before entering into a discussion of this subject, it should be said that mental medicine as understood to-day does not quite cover the entire scope of mental hygiene, for in this field are found not only the medical workers, the psychiatrists, and mental nurses, but also the non-medical worker, the psychologist, the psychiatric social worker, the criminologist, and the industrial mental hygienist, so that it appears as if there were beginning to exist a need for specialization, even in the province of mental hygiene. There is a need in each of these fields for the trained nurse.

In the entire realm of medicine there is nothing of equal importance, which receives as little attention, as does the nursing of the mentally afflicted. It would be difficult to understand why the nursing profession has continued to permit this situation to exist were it not for the fact that psychiatry has only recently been recognized as a legitimate child in the family of medical sciences, and as yet surprisingly few doctors have any knowledge of psychiatry. Primarily, the physicians are responsible for the mental nursing problem.

Nurses who are fully capable of caring for mental patients in private homes practically do not exist. A large city is fortunate if it possesses one person so trained. Yet there is great demand for such nurses by individuals who are willing to pay substantially for their services. Here is a genuine opportunity offered the nursing profession, as a considerable number of patients afflicted with transient forms of mental disturbances could be cared for in their homes if they were under the care of a capable nurse whose ministrations were supervised by a psychiatrist.

However, the subject of mental nursing in private homes is only mentioned in passing, since the patients who are able to afford a nurse can usually be cared for in a private hospital where they can secure the services of a nurse with some, though often inadequate, psychiatric knowledge, but most of those who are seriously mentally ill are treated in the State hospitals and, impossible as it may seem, some of these large hospitals have not one registered trained nurse on their staff. Moreover, some make no effort to train the attendants they employ in either the principles of nursing or in psychiatry, and with a few notable exceptions, the state hospitals conducting training schools are giving a wholly inadequate course of instruction. Yet no group of people are more benefited by careful nursing care than are the mentally ill, for they need the constant and comprehending care of nurses familiar with the principles of psychiatry, under such conditions there will be more and quicker recoveries.

Here surely is a situation which challenges both the intelligence and the sympathy of the nurses of the United States. If it were proved to you that within a hundred or so miles of here there were a few hundred individuals crowded in one building, ill with influenza, and without nursing care, within an hour most of this audience would be on the way to offer the assistance needed. Regardless of the location of the city in the United States where this association might meet, there would be within a radius of a few hundred miles of it, several thousand people urgently in need of your care, providing that you were trained to care for them.

In view of these facts it would seem as if the organized nurses

of this country are morally obligated to carefully investigate the question of how the mentally ill are nursed in our hospitals and, having collected the information, to make a determined effort to ameliorate the condition which now exists. Pending the time of such investigation, undergraduate nurses can be given an insight into mental disorders and at the same time the standards of state hospital nursing can be raised, by sending advanced undergraduate nurses to state hospitals for a period of work and observation. Such coöperation between general and mental hospitals has already been secured in a few instances, but the opportunity should be more generally utilized.

Mental nursing is at this time almost wholly confined to private homes and mental hospitals, but as general hospitals continue to establish psychopathic wards, the now large opportunity for mental nursing will be greatly increased. There is no reason why general hospitals should not care temporarily for mental patients and every reason why they should. Mental disease is practically the only form of illness barred from general hospitals, and such discrimination is absolutely unwarranted. One seems justified in entertaining the belief that it will be only a very short while before most general hospitals will have active psychopathic services, as some hospitals already have.

Psychiatry in Public Health Nursing. Public Health Nursing offers to those informed regarding mental medicine untold opportunities for psychiatric service. The public health nurse carries such a heavy burden of responsibility in regard to both the individual and the community, as well as the medical profession, that one hesitates to ask that she attempt more. However, they have not waited to be asked, for repeated experiences with mental problems in the community have demonstrated to them the need of more information regarding their subject, and they are asking for enlightenment that their services may be of more value to the community. If a course of study in public health nursing is to be really thorough, there must be incorporated in it both the clinical study of psychiatry and some knowledge of the technic of social service as applied to psychiatry. With such knowledge the public health nurse will be able to recognize not only the obvious cases of mental defect and disease, but also that equally important group of borderline and potentially mental deviates. Having recognized these conditions, training in psychiatric social service will enable the nurse to utilize all available channels in providing care for her patients.

It is not possible to discuss the mental hygiene activities of public health nurses without mentioning how very important it is that school nurses have a practical working knowledge of mental defect and

maladaptations. As I see it, the crux of the mental hygiene program, in as far as prophylaxis is concerned, is the early recognition of mental defect and potential mental disease. There is one vast clearing house through which the people of to-morrow are passing to-day,—the public school, for practically no one escapes the mobilization conducted by educational forces. This mobilization has been conducted in the past for the sole purpose of forcing the child to study, with the result that the great opportunity offered for the study of the child has been neglected. It is in this formative period that the individuals acquire habits of thought, actions, and emotions, as well as some philosophy of life, and it is at this time that the defectives should be recognized and steps taken that they may receive the training needed. Likewise, abnormal personality trends can best be corrected in childhood before such trends become crystallized as an integral part of the individual's character.

The concept of mental immunity is no more far fetched than that of physical immunity. It is conceivable that individuals are born with a lowered mental immunity which is often evidenced in early youth by the child's reaction to environment. It is at this time that an effort should be made to build up the mental immunity, that when the individual is later exposed to the trying episodes of life the danger of mental disease will be lessened, or if the condition be too severe to permit of success by increasing the mental immunity, the individual may be so trained as to compensate for the psychic difficulties.

The opportunity presented the school nurse for applying a knowledge of mental hygiene should no longer be neglected. It should be considered that one of the most important of her duties is to carefully study the children under her care with a view to discovering those who, because of their mental states, need observation and treatment. This should be done with as great care as she now searches for children with defective teeth, enlarged tonsils or discharging ears. If such a procedure is carried out there will be found in practically every school, children who deviate from the normal. Some will be found to be intellectually inferior or subnormal and others intellectually dependent or definitely feeble-minded. The nurse will see to it that the children in each of these groups are given a psychological examination that the educational effort may be adapted to their mental level. Likewise, a knowledge of abnormal behavior will enable her to recognize the children who are affectively or instinctively defective. These are described as queer, uncontrollable, or even lacking normal judgment. The conspicuous characteristics of this class are instability, irresponsibility, and carelessness of the welfare and rights of

others. Such individuals are quite closely related to the groups of potential psychopaths who may show emotional poverty or effusiveness, seclusiveness, ideas of persecution or hypersensitiveness. When the children belonging to this group are discovered, they should be examined by a psychiatrist, that the factors responsible for their mental states may be discovered and removed.

There is a tendency on the part of some teachers to believe that nearly all bad children are mentally abnormal. Of course, this is not true, for some of the so-called bad children in schools are intellectually superior, their work being characterized by exceptional mental ability. They are often slightly troublesome because the amount of work that will keep the average child occupied is for them a simple task, quickly completed. Finding themselves with nothing to do, they proceed to prove the adage that the devil finds occupation for idle hands. This is mentioned to emphasize that bad behavior is not absolute proof of mental abnormality. It is needless to say that we wish to especially cultivate superior intelligence, that it may be utilized for the advancement of the arts and sciences.

While the nurse will be primarily interested in the children, she should remember, when she is making contacts with teachers and parents, that she is a disciple of mental hygiene as well as medical hygiene. Both teachers and parents naturally desire to do what is best for their charges, but few recognize that the principles of mental hygiene exist. Therefore, the nurse can render valuable service by telling them of the importance of watching for any signs which children might exhibit indicating lack of rational self-reliance or over-assertiveness and also the importance of observing whether the child faces squarely or dodges critical situations. Other characteristics which might be considered as possible forerunners of mental disease would be such manifestations as seclusiveness, morbid interests or fears, excessive bashfulness, unreasoning hate, envy or vanity, excessive depreciation of self and others, introspection, undue sensitiveness, prolonged day dreaming, emotional shallowness, dishonesty, quarrelsomeness, moodiness and defects of attention. Such traits as are mentioned above will be more or less persistent in character if they are of importance. That is to say, fleeting tendencies of the above nature may or may not be of importance. We look forward to the development of this type of school nurse, who will be interested in the factors determining mental health as well as those of physical health, and who can by supervision, corrective teaching, and home visitation, further the mental health of the community.

There are other mental hygiene activities badly in need of the services which nurses have to offer. Some of the best psychologists

have been, and are, physicians. Psychological Aids, meaning those individuals who give psychometric tests under the supervision of a psychologist, are not usually medically inclined. There is every reason to believe that nurses could contribute that medical point of view to such work which is, under present conditions, usually missing.

Nurses are sometimes employed in connection with court clinics as well as the hospitals of penal and correctional institutions, although this practice is not as general as it should be. Scientific evidence proves that practically one-half of the so-called criminals are deviates from normal mental health. Therefore, a nurse employed in any of the institutions mentioned should have a knowledge of mental disease and defect. Psychiatric criminology should be considered a field for nurses as well as physicians.

Recently psychiatric social service has attracted many nurses into its fold, and there is every reason to believe this work will become even more popular in the future. The psychiatric social worker stands in the same relation to the psychiatrist as does the surgical nurse to the surgeon. She collects data for the psychiatrist, assists him during the examination of the patient, and supervises as well as helps the patient to carry out the psychiatrist's directions. Some of the people at present engaged in psychiatric social service have too little medical background, and it is because of their medical training that I think nurses are especially fitted to undertake this type of work.

One might continue almost indefinitely to outline a program of mental hygiene for nurses. To make such a program too comprehensive might have the objection of obscuring the real objects of mental hygiene, which are to prevent and combat mental ill health with every available weapon in the armamentarium of science. It is obvious that those who should be able to recognize mental disorder and know best how to use the weapons to combat it, are the doctors and nurses. The doctors are beginning to realize that the mentally abnormal should be cared for by physicians, not "wardens,"—let the nurses insist that they be nursed by nurses, not "attendants."

One can conceive of the forces of public health gathered together under the banner of medical science. Quietly and efficiently the great phalanx spreads over the face of the earth, pressing back into oblivion the evil forces attacking mankind's physical and mental health. The American nurses are advancing with the vanguard of this great army; They are not fully equipped and ready for the fray unless they carry with them a knowledge of psychiatry.

At the conclusion of Dr. Terhune's paper, a short business session was held, Miss Noyes presiding.

The secretary read by title the invitations which had been

received for the 1922 convention from nursing associations and commercial bodies in the following states: Iowa, Des Moines, 4; Kentucky, Louisville, 9; Massachusetts, Boston, 1, Springfield, 3; Minnesota, St. Paul, 3; Minneapolis, 2; Missouri and Kansas, for the two Kansas Cities, 11; New Jersey, Atlantic City, 1; New York, Buffalo, 3; Utah, Salt Lake City, 13; Washington, Seattle, 13, and in addition, requests from Oregon, Montana, and Idaho for the meeting in Seattle; Wisconsin, Milwaukee, 5. (Additional invitations to the cities named were received later.)

Miss Butts of Spokane spoke in favor of the invitation to Seattle, Washington, emphasizing the facts that this is an invitation from the entire northwest, and its first invitation, that Seattle has ample hotel accommodations, that the scenery in the northwest is unsurpassed, with opportunities for further sightseeing on the trips out and back, that the railroads have promised to give reduced rates, and that the Tacoma Chamber of Commerce has promised to take the delegates for a week-end trip to Mount Ranier.

Miss Krause of Kansas City spoke for the invitations from Missouri and Kansas, offering ample accommodations and a central point of meeting, giving economy of time and of finances.

A motion was made that the convention of 1922 should be held in the middle west, but this was lost when put to vote.

Miss Lawrence of Salt Lake City spoke in favor of the invitation from Utah, offering as inducements two railway terminals, accommodations for 10,000 people, facilities for entertainment, easy access to Yellowstone Park, the new Zion National Park, the Great Salt Lake, and many mountain trips.

Miss Riddle spoke as a representative of Massachusetts, withdrawing the invitation from that state in favor of the west.

Miss White of California added the endorsement of California for the invitation to Seattle and moved the acceptance of that invitation. The motion was carried. The session on Mental Hygiene was then resumed.

PSYCHIATRY FOR NURSES

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I make no apology for the title of my paper. Rather, I hope that henceforth no program on nursing education will fail to include it. I regret that some years of my professional life passed before I gained an understanding of the immense significance of mental abnormality in relation to all the great public questions of health, disease, poverty,

delinquency, prostitution, crime. There is a negative satisfaction in knowing that I was not the only blind person. In the field of mental disease alone we nurses find enough to arrest our attention and compel our earnest thought.

If some reliable prophet were to announce that within a year there would be in the United States 250,000 cases of a devastating disease, known even slightly by only a very small proportion of the registered nurses of this continent, I can imagine the rapid emergency measures which would be taken by all superintendents of training schools to have their pupils taught all the known facts regarding this disease and its treatment. We do not have to wait a year for such a condition to arise. There are a quarter of a million hospital beds in this country filled with patients suffering from mental diseases, and 75,000 new mental cases are admitted to public hospitals annually, and yet not more than a dozen of our general schools of nursing make any serious effort to instruct their pupils in the care of the mentally sick. Many of us had in our training four or five lectures on the main types of mental disease, but once buried in our lecture-books, they troubled us no more.

Our sympathies have been aroused and our hearts stirred by the sufferings of our maimed and wounded soldiers. How many of us realize that about forty per cent of all soldiers still requiring hospital care are neuro-psychiatric patients, and yet it has been extremely difficult to secure nurses with suitable training for duty in the mental hospitals of the U. S. Public Health Service. This is not because psychiatric nurses have not been sought. The hundreds of soldiers suffering from nervous or mental diseases in these hospitals are not all. In every large city numbers of men, who little more than a year ago were fighting in France, now mentally or nervously disabled, are wandering about unable to resume successfully a normal mode of living. About seven hundred have received advice and treatment in the mental clinic established by the Red Cross in Philadelphia, last autumn, and are still being supervised. I was recently told by psychiatrists in Cleveland that between six and seven hundred soldiers are abroad in that community, definitely in need of psychiatric advice and assistance.

The mediaeval conception of the insane, as pieces of human wreckage to be thrust out of sight and given only the lowest type of custodial care, has been responsible for the very slow emergence of psychiatry as an important branch of medicine. In a charming allegory, Colonel Salmon, lately chief of the neuro-psychiatric service in France, recently told an audience the story of little Cinderella Psychiatry, who lived in rags in the house of the Medical Sciences,

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while her step-sisters, Medicine and Surgery, had marble palaces built for them. They despised little Psychiatry because of her early association with jails and almshouses, but the day came at last when Prince Public Favor recognized her beauty and importance.

This slow development of psychiatric knowledge is largely responsible for the long-held idea that custodial care was all that mental patients needed. The last few years have seen a marked change. The development of treatment by means of a study of the individual personality, and by the use of occupations, hydrotherapy, and electrotherapy, requires skilled and intelligent nurses. The old idea that insane men could be dealt with only by male attendants has been proved a fallacy. Skill and understanding have been found more necessary and efficacious than physical strength. This was strikingly shown in the mental hospitals of the Army in France, where the nursing staff was composed almost entirely of women. In one hospital alone these nurses dealt with more than 3,000 mental cases, brought direct from the trenches, and by effective work influenced very materially their condition. Women nurses also went on the ambulances to the forward hospitals to bring back even highly excited mental cases. Quite recently official recognition of women nurses' efficiency has come from the U. S. Public Health Service, which announces a policy of employing them almost exclusively in the mental hospitals of that Service. Further, it has been recommended and is expected that in recognition of the special skill needed in the care of these men, a higher salary will be paid to psychiatric nurses than to those in general service.

I am not unaware of the controversy that has raged concerning the possibility or advisability of including in the three years of a nurse's training some experience and instruction in district nursing, in social service, in child welfare, or any other of the important fields of work eagerly waiting the advent of a new group of workers. My sympathies have been largely with the harrassed principal of the school, who finds it hard enough to arrange that every pupil is so well grounded in the fundamentals that later she may safely build any type of professional edifice on the foundation provided by the school, but this sympathetic understanding must not blind us to the fact that, in common with most medical schools, we have left out one of the foundation stones, a stone that will one day be recognized as the corner-stone.

How shall nurses acquire this fundamental training? A few fortunate schools of nursing have access to psychiatric wards in their own hospitals. With the opening of psychiatric departments in several university medical schools, this group will soon increase. A few

other nursing schools have secured affiliation with modern hospitals for mental disease. The Army School of Nursing has arranged for its pupils some months of experience in a good mental hospital as a part of the course. These groups *must* increase, if nurses are not to continue to be sent out at graduation ignorant of the adjustments of the mainspring of the human machine. Back of these methods of obtaining psychiatric training, stands the necessity for raising the standard of nursing in those hospitals where a quarter of a million souls are passing long months or years with their life machinery thrown out of gear. The nursing profession must realize that if the great group of mentally sick are to be counted as proper subjects for the highest type of care, the long winning fight which has placed general nursing education on a level with university standards has yet to be fought in our state hospital system. The same hampering conditions of long hours, low educational requirement, exploitation of the nurse's labor, unfit living conditions, and totally inadequate teaching, exist in most state hospitals to-day. One most encouraging fact is reported from Illinois. The Illinois State Welfare Commission has recently established a central training school at the Chicago State Hospital for Mental Disease, with a three-year course in nursing which challenges comparison with many of the old established schools of general nursing.

Just here I must stop to say that history will repeat itself, and this fight will probably have to be made largely by nurses, for nursing. It is unlikely that all psychiatrists will recognize at once that a mental nurse must have an intellectual grasp of the individual patient's condition, and this is not hard to explain. Nearly all psychiatrists have received their own training in mental disease in hospitals where these lower standards of nursing obtain. Consequently, they have not had the personal experience of coöperating with a highly trained and intellectually responsive nurse who is capable of making a real contribution to the treatment of the case. It is hard to make them believe in the possible existence of such a person. Modern psychiatry has developed from a descriptive study into an analytical science, and demands the recognition of each case as an individual problem. The student of to-day, whether unfledged doctor or nurse, must be trained to study each personality. This is a new method of approach, and as yet most psychiatrists have not realized the necessity of this training for nurses. We know the generous public recognition of the value of the highly trained nurse's coöperation which has been given from time to time by surgeons, obstetricians, internists, or nerve specialists, who say that their scientific studies and their results with patients would have been impossible without this high type of assistance. We

know the immense surgical responsibility thrust upon nurses at the front-line hospitals, who for days made all the difficult dressings on those shattered soldiers while the surgeons could not leave the operating-table. Second and third year students of a large Canadian medical school joined hospital units as orderlies, thinking to get a wide experience in dressing wounds during the war. They were much surprised at being told by the high British medical authorities that the wounded would not be turned over to inexperienced hands, but would be dressed by the nursing sisters. We know the extreme cases of neurasthenia brought triumphantly to cure by professors who see the patients twice a week, leaving the constant decisions and guidance between visits to the judgment of the nurse.

In these more familiar domains of healing, thorough and exacting teaching and study have made the nurse one who contributes a large part to the cure, and this is recognized by leading physicians. A similar recognition of the nurse's possible contribution has not yet come from psychiatrists. On the contrary, in some of the foremost psychiatric centers of the country the student nurse, even in her last year, is not made acquainted with the individual patient's difficulties, and is told only the bare diagnosis of the cases under her care, so that her comprehension of the conditions she is seeing is very superficial, and her contribution must be correspondingly slight. This restriction is not applied in the case of medical students or lay social workers. I would, therefore, suggest that any principal of a training school endeavoring to secure psychiatric instruction for her students should inquire very closely into the actual thoroughness of the training offered, and should see that at least an abstract of each patient's history is available for the student's information. Several nurses have told me of their efforts to acquire an intelligent comprehension of different mental diseases, efforts largely blocked by the lack of opportunity to know the individual patient's history. Therefore it is evident that some enlightenment is still necessary within the psychiatric group itself.

Some of our best mental hospitals have arranged a postgraduate course open to nurses from good general schools. Among these I might mention the McLean Hospital in Massachusetts; the Sheppard and Enoch Pratt Hospital in Baltimore; the Phipps Psychiatric Clinic, Baltimore; Bloomingdale Hospital, White Plains, N. Y.; Butler Hospital, Providence, R. I.; and the Illinois State Training School, Chicago. From recent information I believe that all these have a course already established or they are willing to make arrangements to receive special pupils for a definite period. On the other hand, wherever

these hospitals have not facilities for instruction in all forms of general nursing, they send their pupils to other hospitals for the necessary training.

Unfortunately there is another thing that must be said. There still exist in this country many mental hospitals—whether state, or county, or city—where the treatment of patients is largely custodial, and where restraint is all too common a method of controlling difficult patients. In one large city hospital, whole wards may be found with almost all the patients tied in their beds. Pupil nurses needing a training in mental nursing might be better left without any, than have only this mediaeval treatment suggested to their minds and this low standard taught them. Their natural instinct of kindness and helpfulness would inspire them to seek better methods if they were not shown these conditions still officially sanctioned in some places. It is, therefore, very necessary to ascertain whether the hospital under consideration for an affiliated course in mental nursing is one in which modern methods are used.

Knowledge of what a contribution to diagnosis and treatment can be given by a highly educated woman trained in psychiatry is indeed being rapidly learned by some modern psychiatrists, but they are looking for that assistance chiefly in one quarter. The development of psychiatric social work in the last five years has attracted to it many high grade women who are giving very valuable service. Where the general social setting is needed for diagnosis, and where re-adjustment of surroundings and personalities must be arranged, the technique of investigation and constructive case work is essential. Where prolonged observation of the patient in the home setting is required, I would feel that this is a proper field for a psychiatric nurse, of the right sort. A prominent psychiatrist told me recently that he had sent a social worker into a wealthy home for over a week-end, and in this way had obtained information regarding the patient's mental attitude and reactions impossible to secure otherwise. He looked unconvinced when I suggested that this was work for a nurse. Could he send to a registry and readily get a nurse capable of studying mental adaptations and mal-adjustments? My answer had to be that until leaders of his profession would give nurses more thorough instruction in psychiatry, and make it possible for them to comprehend the special difficulties and dangers of each case under their care, it would not always be easy to find the right kind. The moral of that little tale is very plain.

Women who have learned to deal skillfully with diseases which present many varied phases, and many critical emergencies, have surely a large contribution to make to the art of nursing, although

they may have been denied instruction in the underlying science. In one of our foremost schools of nursing, a pupil nurse became mentally deranged a few years ago. With all the personnel and equipment of a great metropolitan hospital at command it was found impossible to control her without resorting to force, until nurses from a neighboring State Hospital were secured. From their practical acquaintance with mental disease these nurses were immediately able to quiet the girl. It was an illuminating experience for that superintendent. It is remarkable, however, that there is little recognition of this special skill among the rank and file of the general nursing body. Leaders of our profession of course realize that there is no higher type of nursing than that which deals effectively with acute nervous or mental conditions, and that such cases challenge the skill and intelligence of our best nurses.

A very remarkable feeling of superiority is seen, however, among general nurses towards those engaged in the care of mental disease, although these may be women of equal education and training. This fact came fully to light in the experience of the nursing service of the American Army in France. It was so apparent that the Chief of the Neuro-Psychiatric Division in France felt it to be a serious discouragement to nurses assigned to duty in mental hospitals. I shall quote from a letter received recently in answer to a request for the personal experience of some exceptionally fine women giving that service in France. This woman is a college graduate, trained later in one of our best general hospitals:

The attitude of general nurses toward those with neuro-psychiatric training was often one of vast superiority. The chief nurse of a Base Hospital at the time our psychiatric group was attached there, expected a group of trained attendants, and was surprised to find nurses of education and ability in general lines. A later *chief nurse* said to me, "Oh! any one can watch a crazy man!" Some time after, having been through our wards and knowing that we cared for typhoid and pneumonia and other physical conditions, she was willing to acknowledge that we were real nurses.

Indeed it seemed that there was scarcely a week when this superior attitude did not crop out in some way. The general body of nurses, I think, never did get entirely over the feeling. We were always a bit strange and our work even more queer, and anyway it couldn't be very real work, because we weren't always making dressings or irrigating with Dakin's solution, or adjusting weights.

So far as I personally was concerned, there was more than one expression of surprise that a graduate of my school should be so engaged,—the implication being that the work was unworthy of the training. It is a bit difficult to find reasons for so widespread an attitude among nurses of general training—and physicians, too, I may say—toward neuro-psychiatric nurses. The most fundamental reason, as I see it, is the same as that behind the attitude of the general public toward mental diseases, and that is an utter lack of comprehension of the

nature of those difficulties, and consequently of the requirements necessary in those who successfully handle such cases.

Another writes,

You are quite right regarding the feeling of the general hospital trained nurse toward the nurse who has received her mental training in a State Hospital and has had only a limited postgraduate course in a general hospital. I think there are two reasons for this: first, that it is only recently that the best type of woman has been interested in mental nursing, consequently the general nurse has come in contact only with the "attendant" type of woman from the State Hospital, and has naturally formed a wrong opinion of what was really required of a mental nurse; second, her lack of knowledge of mental diseases, together with absolutely no training in this most important branch of the nursing profession. My personal feeling is that no pupil nurse should receive her diploma until she has completed a course of, at least, three or four months in mental nursing.

May I ask the present or future principals of training schools who may be here to-day to use their influence to break down this ignorance and prejudice, and to make their nurses realize that skill in nursing mental cases is one of the highest achievements in nursing? All honor, then, to those devoted women who in spite of limited training have struggled in the face of public indifference and frequent political interference to establish better care for the patients in these hospitals.

It is not only for the proper care of *mentally* sick people that a knowledge of psychiatry is desirable. Mental mechanisms are jarred from their accustomed smoothness by physical ills, and a finer comprehension of the whole sick individual is possible to a nurse who has studied aberrations of both mind and body. In a letter received last week from a state hospital graduate, she said:

My knowledge of psychiatry (which is comparatively slight) has helped me more in private duty than any other branch of my training. By this I do not mean that I have had more mental cases to care for; on the contrary, I have had just one mental case in two years, but I seem to understand my patients better than older, more experienced, and better nurses than I am.

Again, conditions labelled physical sometimes prove to be of psychic origin. A striking proof of this was given in 1918, when the physicians in charge of the cardio-vascular service of the Army realized that at the hospital in Lakewood, numbers of heart cases were hanging about without improvement month after month, with a functional heart condition which would not yield to their treatment. At length they wrote to Washington for a psychiatrist to come to their assistance. Dr. Macfie Campbell of Baltimore thereupon made a study of thirty-three of their cases with such convincing results that a request was made to have a psychiatrist permanently attached to the hospital.

You may say, "Nurses have more than they can do now, without trying to acquire another specialty." Let me show you that they cannot thoroughly do their work to promote the health of the nation if they are ignorant of the maladies that attack the balance-wheel of the human machine. I said at the beginning that there are 75,000 fresh cases admitted to mental hospitals each year. Psychiatrists tell us that it is rare for a patient to come to the hospital until he has had his disease for at least a year. Would not public health nurses be more efficient if they knew the earliest symptoms of mental diseases and could encourage and secure treatment for these people at the period when it is most likely to be effective? The New York State Hospital Commission reports that in ten months of 1917, there were seen at the different mental clinics attached to the state hospitals, 3,672 patients, of whom 3,552 were helped and guided through their mental difficulties in such a manner as not to require admission to the hospitals. Surely this is an indication of preventive work waiting to be done in every community. Further, the leading authorities in this field do not hesitate to say that at least one-third of all cases of mental disease are preventable. That is, we know and might eliminate the causes which have turned eighty thousand citizens of this country into committed inmates of mental hospitals, if only the now available knowledge were generally known and acted upon. Twenty-five thousand more might be prevented during the coming year from needing hospital care, if the preventable causes of mental disease were controlled. Was there ever a louder challenge to public health nurses? I was asked recently to recommend a nurse to develop a state department of child welfare. The stipulation was made that she must not only be conversant with the problems of growth and nutrition and physical needs of the child, she must also understand thoroughly its mental development and requirements. I did not know where to find her. You have heard from Dr. Terhune of the possibilities in work for the mental health of school children. Dr. William White of Washington says, "Childhood is the golden period for mental hygiene."

Nurses on private duty complain that they are often kept with cases where professional skill is no longer necessary. That is very often, and very soon, true of physical disease. Could they say that of a case where a study of the personality, a daily influencing of the mental attitude, a constant checking of bad mental habits meant the saving of a mind from ruin? And yet it is exceedingly difficult to secure a nurse capable of giving this skilled service to a mental case.

Many nurses write to me to ask how they can take part in the great campaign for mental health. To almost all I am forced to say, in effect, "Your school has taught you nothing of the special diseases

we must fight, and the special dangers we must avert. Go, learn the causes, symptoms, and treatment of the chief mental diseases, and the essentials of healthy mental growth, and then you may help very greatly."

With the new psychiatry has come a realization of the individual needs of mental patients. Not only is detailed knowledge of his life and adjustments in home and school, in work and play, necessary for the understanding of his condition, it will also bring with it helpful hints as to his proper mental treatment. The modern psychiatrist is therefore faced with the need of a trained assistant who can secure this accurate picture of the social setting, and when convalescence is established can supervise and direct the patient's reestablishment in various social relations. This requires the technique of constructive social case work. A special form of social service has therefore developed in the past few years, requiring a special training to deal adequately with these cases. The essentials are a knowledge of psychology and sociology, a training in psychiatry, and case work technique applied to psychiatric cases. For women of suitable education and personality, who will secure this training, there are many opportunities for work of absorbing interest and immense value. Nurses, with their background of medical knowledge, should be most successful in this new field if they will acquire the special knowledge and technique necessary for it. One need only suggest the more obvious places where these patients may be found to visualize the opportunity for restorative or preventive work. The army of cases coming out of State hospitals on parole for a trial period of normal living, the juvenile delinquent who has a psychopathic condition, the psychoneurotic who needs mental guidance and support,—the borderline case who may continue work if suitably advised,—these are some whose long unheard cry for help is at last reaching our ears. Can we any longer turn aside from these most appealing of all sick people, and say, "You are not physically sick, and I cannot take time to find out how to help you"?

A delegate asked what books would be useful to a nurse who could not take the special training.

Miss McDonald suggested: *Mental Mechanism*, White; *The Psychology of Insanity*, Hart; *Mental Adaptation*, Wells; also the magazine, *Mental Hygiene*. Dr. Terhune added, *Outline of Psychiatry*, White.

Miss Thomson: May I suggest to the school nurses that when they find children who have symptoms that seem to indicate some abnormal mental condition, they make a careful study of that child, his

environment, his home, and the way he acts in school, and have the facts all ready for the examining physician when they take the child to him. I think we will have to remember when we begin doing social work along psychiatric lines or when we begin any sort of work with the mental patient, that our function is just the same as it is in the physical ill; we are to find out the symptoms and the things which seem to point towards something, and with those symptoms and with all the history we can get, take our patient to a man who is equipped to make a diagnosis. It is our job to be constantly looking for those symptoms of mental disease, just as we look for symptoms of physical disease.

THURSDAY MORNING, APRIL 15, LEGISLATIVE SECTION

Miss Jammé, chairman of the Legislative Section, opened the meeting by giving a resumé of the work of the section since its inauguration as a Legislative Committee, in San Francisco, in 1915, the result of a conference between members of boards of nurse examiners.

The first year's work of the committee consisted in obtaining data relating to requirements for accredited schools in each state and the requirements for examination. The committee reported this year's work at the New Orleans conference, in 1916. A quantity of material was collected from each state. This showed great inequality in requirements and a very unstable basis for reciprocity between states.

The meeting in New Orleans was very interesting and a very animated one and the committee was asked to continue its work and outline a plan for uniform requirements for accredited schools, including preliminary education. The committee worked during the following year on this plan, which entailed a great deal of work. Each member, from her own part of the country, collected all of the information available on requirements and on that which might be used as a minimum basis. The committee reported at Philadelphia in 1917. No action was taken by the Board of Directors on minimum requirements. It was merely brought up for discussion. Consequently the committee had to continue the work during the next year.

At the meeting in Philadelphia it was voted by the Board of Directors to create a Legislative Section.

During the years of 1917 and 1918, not very much work was done except to hold conferences in various sections of the country on the requirements.

At the Cleveland meeting in 1918, a report on a suggested plan for uniform requirements was again submitted to the directors of the American Nurses' Association, was accepted, and was given out as a recommended plan of minimum requirements for schools of nursing.

That plan has been published and has formed to some extent a basis of requirements for all states.

A special meeting of the section was held in June, 1919, in Chicago, in connection with the meeting of the National League. A report was heard from each state on recent legislation and also on laws for training attendants. A resolution was adopted to the effect that a sub-committee should be appointed to investigate the differences in the various state laws with a view to aiding in the work of forming an ideal law that may be adopted in the case of individual states. Elsie M. Lawler and Roberta M. West were asked to do that work.

An informal meeting of members of Boards of Examiners was held in Chicago, in December, 1918, in connection with the meeting of the Committee on Nursing of the Council of Defense. This meeting was held on parts of two days and was one of the most fruitful ever held.

POSITION AND FUNCTION OF BOARDS OF EXAMINERS IN CHANGING CONDITIONS OF NURSING EDUCATION

BY MARY B. EYER, R.N.

Superintendent of Nurses, Minnequa Hospital, Pueblo, Colo.

Thinking over the preceding years, one cannot but be struck with the tremendous changes already wrought, and the part played in these changes, by organization, which may be traced directly to State Boards of Examiners.

The American Nurses' Association is becoming more and more an open forum for its various departments. It is the mother with capable grown-up children, or to be more technical, it bears the same relation to the nursing profession that the brain does to the various parts of the nervous system; therefore, its function has become more unifying than advisory. The League of Nursing Education is the pace-setter; it gives us the standards that belong in the vanguard, and its inestimable value lies in its high ideals. The part of administrative action falls more and more to the share of the Boards of Examiners. Upon them devolves the task of putting through the work which the standards have set. They have the "give and take" and the buffetings, which come to those who try to impose an ideal upon their erstwhile reluctant fellowmen. They not only announce and enforce the ideal, but they get the immediate effect of it in practical application.

During the past decade, State Boards of Examiners have issued curricula for the guidance of schools of nursing; have regulated living conditions for students; have nearly done away with the sending of students out on private cases for gainful purposes; have required full

time instructors; have established a uniform system of class credits, hours of theory and time of practical experience on ward service, besides raising the educational qualifications, through inspection of schools.

In a lecture on Social Conditions, heard recently by the writer, it was pointed out that there is a connection between topography and function. Communities develop their industries according to their geographical location. In like manner, the function of Examining Boards is determined by where they are placed legally, and by the framework of their laws. Is the Examining Board part of a board of health, as a nursing bureau? Is it a mixed board, of both doctors and nurses? Is it a board composed of nurses? Or entirely of doctors? Does the board administer a compulsory registration law? Is there a specified clause for inspection of schools of nursing? Is the board given wide discretionary power, under its nursing law?

Let us take these points categorically: (1) The advantage of nursing affairs administered by a Bureau of the State Board of Health, is that of the strength which goes with all centralization of forces. There is a driving power behind the Bureau of Nursing. There is greater correlation of energies and less duplication of work than where a number of boards work independently. Effort should be applied here to strengthen the authority of the board of health, which too often is left without legal power to enforce its rulings. There should be some laymen on the board of health, prominent in educational and business circles. The time will come when nurses will be represented on state boards of health.

(2) A mixed board of examiners would not appear to have any advantages over a board of nurses. The majority vote should be with the nurses.

(3) A board composed entirely of nurses has probably the best insight into nursing problems. If such a board is given full discretionary power under its nursing law, and has the advice (to which it is entitled) of the state Attorney General, it makes a strong agent.

(4) Examining boards for nurses which are composed of doctors only, are, in these enlightened times, an anachronism which they themselves are beginning to admit and deplore.

(5) The compulsory law has advantages in regard to education, which we may briefly cite. Under the terms of examination for licensure, the school of nursing shall be an accredited school. This carries the right of inspection in order to determine credit. It gives the board control of the schools, because where a school is not accredited its pupils are not eligible to take state board examinations,

cannot be licensed, and, therefore, cannot practice their profession. This reacts immediately upon the school, it cannot get pupils and automatically must either raise its standards, or go out of business. This has been the experience with mushroom growths purporting to give hospital training. A law which states that it shall be unlawful for any person to practice the profession of nursing as a trained, graduate nurse, or to act in a professional capacity by virtue of claiming to be a trained, graduate nurse, without licensure from the examining board, gives the board jurisdiction over every form of nursing education, and its collateral interests in so far as they are conducted by nurses.

On the other hand, it is probable that for a while, at least, the board which administers a compulsory law cannot go so high in its educational standard as where registration is optional, for the reason that when every nurse must meet a certain standard in order to practice, and her bread and butter depends upon her getting a license, it would be manifest injustice to place the educational requirements beyond the reach of the majority.

(6) Provision for inspection, and discretionary power vested in the board, both make for educational betterment. The function of boards falls under two heads: (a) To examine and license, (b) to standardize and advise. The first leads to the second. From the examination may often be found what to advise.

How far shall that advisory function extend? Undoubtedly, strong centralization makes for efficiency, and where the board has the right to regulate preliminary educational standards, as well as those of the training school, a more uniform system of nursing will result, but human nature here affects the question, and we must remember that unless those in charge of the schools are in thorough sympathy with the standards of the board, the carrying out of the system will be half hearted, and results will be poor. Educational growth follows natural law, and must be from within, outward, in order to be sound. Instead of a "beneficent paternalism," our ideal should be that of democracy which has been quoted as a "Reign of law, based on the consent of the governed, and sustained by the organized opinion of mankind." To achieve that end, there should be close coöperation between the state associations, the state leagues of nursing education, and the examining boards. Only by mutual understanding and discussion of problems, can boards and those in charge of schools of nursing, work to the best advantage. The writer would suggest that delegates from the league of nursing education be given an audience at one session of the board meetings, and also that there

should be representation from the personnel of the examining boards on the advisory council of state associations and state leagues.

Another point is closer coöperation between State Boards of Examiners. There should be the same subjects required in the curricula. All boards should agree on what these subjects shall be. There should be the same form of examination, the same preliminary requirements as to age, character, and previous education of applicants.

In California it has been found successful to admit applicants to schools through the Bureau of Nursing, thus in great measure standardizing the schools. What is possible for one state is possible for all. Why not a national clearance bureau for applicants for state board examination? Think of the duplication of work existing under the present system, that could be saved by uniformity of standards among the boards!

The question of transfer of students from one school to another, with allowance of credit in theory and practical experience, should be settled by ruling of the board of examiners, to ensure uniformity for all the schools in that state. The board should estimate the credit for days spent on the ward, by terms of theory, i. e., so many hours of practice are equal to one hour of theory. A way that appears fair, is to take the hours of theory submitted by the student who wishes to transfer, and compare her theory with that of the curriculum determined by the board. If she is short a certain number of hours, say in Ethics and in Hygiene, compute those hours she lacks in terms of hours of practice. (The state board has previously ruled that a given number of practice hours shall equal one theory hour.) This means a simple sum in multiplication. Express the result in terms of days (8 hours to one day), and count out the days upon a calendar.

I should like to call your attention to the new system of credits adopted in 1917 by a conference of four colleges: Mount Holyoke, Smith, Vassar, and Wellesley, which entails a scale of credits proportional to the grades:

For one hour, Grade "A" has five credits.

For one hour, Grade "B" has five credits.

For one hour, Grade "C" has two credits.

For one hour, Grade "D" has one credit.

It is urged that the state examining boards should base their grades on those of the colleges, in order to make an easier interchange between college credits and those in the curricula of our schools of nursing, and to strengthen the bond between nursing and other forms of higher education. There should be the closest possible relation between boards of examiners and other educational agencies of the

state. Inspectors should have the backing of state superintendents of schools, in order to present to high school teachers as well as pupils, the aims of nursing. Inspectors might do well to attend teachers' meetings and educational conferences. Many points picked up there can be introduced into our schools of nursing.

The same may be said for parent-teachers' meetings and civic meetings.

We need to bear in mind constantly the attitude of the laity toward our profession, and to keep both sides from becoming warped and distrustful, remembering that the usefulness of our professional nurses in the community lies ninety per cent in the homes, and only ten per cent in the hospitals.

And now I would leave with you a message from St. Augustine, which has to do with changing conditions, and is as applicable to examining boards as to individuals,—a message more valuable than any words of mine:

Be always displeased at what thou art, if thou desirest to attain to what thou art not; for where thou hast pleased thyself, there thou abidest. But if thou sayest, "I have enough," thou perisheth. Always add, always walk, always proceed; neither stand still, nor go back, nor deviate; he that standeth still proceedeth not; he goeth back that continueth not; he deviateth that revolteth; he goeth better that creepeth in his way than he that runneth out of his way.

At the close of this paper, Miss Roberta West assumed the chair, and a discussion followed regarding the responsibilities of boards of examiners, the need of having their work, which is educational, supported by the state, rather than dependent on the varying income from fees of applicants, the manner of appointing examining boards, the manner of enforcing a compulsory law, and the basis for reciprocity between states. As there was evident desire for further discussion, it was decided to ask for a round table of boards of nurse examiners.

STATE BOARD EXAMINATIONS

BY IDA MAY HICKOX, R.N.

Chief Examiner for the State of Ohio

These are days when individual effort is greatly encouraged. All higher educational schools are using methods which demand rapidity, with clearness of thought and execution. Therefore, it devolves upon the profession of nursing to inculcate and practice these selfsame principles in its schools.

State examination for registration of nurses has less than two decades of history to its credit. However, these years have witnessed wonderful progress in the nurse schools, in the teaching departments.

In the development of these examinations, an audit of the nurses'

schools curricula has been made. This one point has probably been the greatest item of the cause which produced the Standard Curriculum and the demand for trained instructors.

The relation of the examination to the development of the Curriculum. If instructors and teachers in schools of nursing were impressed with the fact that, in state board examinations, the failure of pupils who have been under their tutelage exemplifies the quality of instruction given by them, immediate improvement would be brought about through this common cause.

Schools which always obtain several failures each year should use more intensive methods. The character of the curriculum, plan of presentation of class work, also the quality of work asked of students, in all probability, require closer correlation and supervision. There can be little left to speculation concerning what instruction nurses have received when the papers are before the examiners.

The failure of several applicants from one school, with a similarity in grades leaves only one conclusion to be drawn,—lack of instruction, a certainty. For example, a whole class failed on one question in the subject of Bacteriology, Hygiene, and Sanitation, the question being, "How many cubic feet of air space should be allowed per patient in a hospital?" Many replies showed guess work, evidently, the space a bed occupied was in mind. Twenty by thirty, six by eight, five to ten, fifteen by twenty, and many others as edifying. The papers also evidenced little or no previous written work.

Is it possible for a class of ten to "miss the point" if the instruction is as thorough as it should be?

Grouping of subjects for the written examination,—character of questions. A questionnaire sent to twenty state board secretaries brought forth interesting differences in examination subjects: One gave 12 subjects, six gave 11, five gave 10, four gave 9, one gave 7, two gave 6, one gave subjects grouped.

The diversity of subjects was nearly as great as the number. All gave Anatomy and Physiology, Materia Medica, Dietetics and Obstetrics. Pediatrics was given in some form by all; it was included with Medical Nursing by one state. Another state which included Chemistry, asked for Anatomy and Physiology in two separate papers. Some states omitted Ethics and Practical Work, yet had twelve subjects. "General Nursing," which included all allied nursing subjects except obstetrics, was the method of an Eastern state. One claimed "dosage" for a separate subject. Six states asked for urinalysis. Another state's method was the grouping of subjects under two heads, viz.: Surgical Nursing and Specialties, Medical Nursing and Specialties. These groups had twenty questions, sixteen to be answered.

This plan brought out several unusual sub-topics; Obstetrics and Dietetics were given separately. Four states gave practical procedures.

The number of questions required, varied from four to ten, with a choice between five to fifteen. The time required varied from $1\frac{1}{2}$ to 4 days.

The failures were distributed over about the same subjects, viz.: *Materia Medica*, *Ethics*, *Pediatrics*, *Anatomy* and *Physiology*, *Dietetics*.

In Ohio, the subjects of *Bacteriology*, *Hygiene* and *Sanitation* rank first in failures, but were not so reported from the states to which the questionnaire was sent. In consideration of this diversity, a grouping of subjects, with leading questions, should be an improvement.

Is it necessary to require ten different papers, upon ten separate subjects? Would it not be possible to arrange a test that would satisfy examiners upon the group form? Where six subjects are required to be written in one day, nurses must surely suffer from brain fag.

The grouping of subjects, so as to get a relative value of the important topics, would prove a benefit and still be a test of the school as well as of the nurse.

Is a test of practical procedures valuable, or needed, is a much mooted question. A small number of states give examinations in practical subjects. The larger number cite various reasons why they do not, some of which follow: 1. Impossible to take care of the large number of applicants; 2. It required the examination to be continued over too many days; 3. Had proved impractical; 4. Difficulty in grouping the necessary equipment in halls where examinations were held.

In Ohio, this examination is given in the assembly room of one of the Columbus hospitals. The equipment is quite complete. However, its value has been questioned by the Nurses' Examining Board. The time allowed for a student could not exceed ten minutes, because of the large number to be examined. This allowed one procedure only to an applicant.

Under such conditions, how valuable is the test? Are the results gained great enough to consider the subject as a separate issue?

The state board examination has proved a most important step in the profession of nursing. Through this influence upon the curricula, more has been accomplished to give nurse schools a deservedly recognized educational standard, than by any other effort since the days of Florence Nightingale.

A discussion followed on the importance of the examination in nursing procedures, the manner of carrying it out, and the amount of credit given this subject.

ACCREDITING A SCHOOL OF NURSING; POINTS UPON WHICH ACCREDITING IS BASED

BY ELIZABETH C. BURGESS, R.N.

State Inspector of Nurses, New York

I shall have to take New York State as an example, because that is the state in which I am working, and tell you the points there that are considered in accrediting or registering, as we call it, a school for nurses.

In the first place, in accrediting or registering a school for nurses, a very great responsibility rests upon the board, because the minute that you state a school is registered or accredited you are saying to the young women in the state or of the country that that is a school where they may obtain a proper education for the pursuit of nursing, and it is our business to see that that school which is recommended to them actually meets the requirements; on the other hand, we can only consider our law, and that a school to be accredited can only be required to meet the minimum requirements. We have those two things in mind: first, our responsibility toward the young women whom we attract into the nursing field; and second, that we may only go so far in accrediting the school as to say that it meets the minimum requirements of the law.

In New York State, the law states that a resident of the state of New York, a young woman, "must hold a diploma from a training school for nurses connected with a hospital or sanitarium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualification to practice," etc. That of course relates to the examination. The important language is that, "It must maintain in this and other respects proper standards, all of which shall be determined by the Regents." That is really the strength of the whole procedure of accrediting a school. Even so, that does entail these Regents ruling that the requirements relating to rating are met, the points on which accrediting is based.

In the first place, we require that the school be either incorporated or the institution of which it is a part be incorporated; secondly, that the hospital in which the school functions shall have a minimum of fifty beds, and more than that, shall have a daily average of at least thirty patients. Then we go on and state what the hospital facilities shall be; that is, what shall be the facilities for the practical experience of the young women. In the first place they must have medical

and surgical experience, both men and women. I am glad it puts medical first, because they are pretty apt to get surgical in any case, but they must have both medical and surgical experience, both men and women. They must have obstetrical experience, they must have pediatric experience. We do not expect that every hospital will be able to give this experience in its own school, in its own halls. They must have that experience, they may have had it by suitable affiliations, and those affiliations are also determined by the Regents.

Then we go on to the faculty and, as in Pennsylvania, so in New York, there must be three registered nurses members of that faculty. One, the principal or superintendent of the school, one in charge at night, and there must be a third, so that no matter how small the school may be, they must have at least that number. It is required that the principal of the school be a registered nurse, registered in the State of New York.

We go on from that point to the living conditions of the nurses. These, of course, are minimum things which I am talking about. The living conditions must be proper. Proper living conditions, when looked into would, of course, depend largely on the size of the institution which was asking for registration, but it would first of all mean a fireproof building for the housing of its nurses. We are asking in schools which are newly accredited, as they come on now, for homes that are separate from the hospital. In the past not all hospitals have had separate nurses' quarters. One cannot say definitely that a school could not be registered because it did not have a home for its nurses separate from the hospital, because there are in some instances very comfortable, very livable conditions, yet not absolutely separate from the hospital. We require proper conditions, not more than two nurses in a room. Of course we prefer one, but the minimum requirement is not more than two in a room; that there should be proper and adequate bathing facilities; that there shall be proper dining rooms, that there shall be proper classrooms, proper reception rooms. That last is sometimes the one thing which might prevent a school from becoming accredited, because there is not a proper room where young women may receive their friends. Strangely enough, this is a point which is not always thought about. I remember visiting one institution, not an institution in New York State, but we register schools outside of the state, where the only reception room for the young women was provided on the upper floor amongst the bedrooms, and when I asked where they received their men friends I was told that they did not know; the inference was that it was not important,—though it is one of the most important things in the housing and caring for young women that could possibly be. The school was not

registered because of that. These are definite requirements as regards what should be given the students.

Now besides that there is left to the decision of the board which accredits the school, the decision as to whether or not the experience given is a proper experience. We have already said that the school must give to its students a medical experience, a surgical experience, an experience in obstetrics and pediatrics; and that must be referred more or less to the particular conditions that exist in that spot. It is very difficult, sometimes, to obtain medical experience for students in the smaller schools, and it simply must rest with an inspection of that school to determine what the facilities are. A good medical ward, a ward for men and another ward for women, active medical service, one would naturally feel would give an adequate amount of medical training, providing the equipment, the actual hospital equipment which is connected with those wards, is proper. That can only be determined by inspection. If such equipment, if such service, are not adequate, then the only thing to do is to ask that school to make an affiliation, not necessarily for all time, but until the school can give proper medical training in its own wards.

The same is true with obstetrical nursing. In New York State we say that ten obstetrical cases are sufficient. This means a minimum. That means the care of the mother throughout her labor, and the care of the baby and post-partum care of the woman. It means that the obstetrical ward shall be a segregated ward, that the patients shall not be cared for in the same wards as medical and surgical patients. It means an obstetrical department. It means that there shall be a proper day force and night force. Those things enter into consideration.

In the same way with the care of children, I might say that securing proper service in the care of children for student nurses is one of the most difficult problems we have. In the small town, curiously enough, there do not seem to be any sick children, as far as the hospital is concerned. We have a great deal of difficulty in finding hospital service for pediatric training. We very recently had a rather heated discussion with a board of directors relating to the question of providing pediatric experience for their student nurses; and curiously enough this board of directors, who were interested, presumably, in their training school sufficiently at least to want to have the school registered, declared that the inspector must be extremely old-fashioned in her ideas if she would not consider that the care and feeding of infants was a part of obstetrics. By the care and feeding of infants, they referred to obstetrical babies, which were perfectly well babies and which are included in the obstetrical department of the hospital.

It took considerable explanation to make it clear that in our minds the pediatric experience which must be given to student nurses must include experience in the care of sick infants and children.

There is, of course, a schedule of instruction published for the guidance of our nurses' training schools, and we require that such experience and theory or such class work be given, that the minimum class work be given; that records be kept so that we can determine that it is given; that the hours of duty be not excessive. Of course the hours of duty being not excessive is a very difficult thing to outline, but we have always allowed twelve hour duty at night and there is nothing to actually prevent it now. We are trying, as everyone else is trying, to influence the boards of directors to reduce their course of duty, the length of time that nurses are on service, and the schools in New York State have responded extremely well. We have twenty-seven schools, I believe, that have not only eight-hour day duty, but eight-hour night duty.

The schools are not allowed to place their student nurses on special duty in the hospital until they have completed their second year. That rules out any two-year schools from giving such an experience. And in case a hospital wishes to do this, it may not do it over a period of three months, and the three months must be in the third year. I might say that there are very few schools which are doing it at all, at least there are very few that are doing it and making it remunerative. In some instances the students are occasionally placed with a very sick patient, either in a ward or a private ward, who really needs nursing, and in such instances we believe it would be a valuable thing for the student, providing she is not placed there too early in her training.

After a summing up of the morning's lessons by Miss West, the meeting was adjourned.

THURSDAY AFTERNOON, LEGISLATIVE SECTION CONTINUED

The afternoon began with a short business session, Miss Noyes presiding. A letter was read which had been sent to Miss Palmer by a graduate of the Nightingale School in Bordeaux, translated as follows:

Sonna, District of Algiers,
15th of March, 1920.

Mademoiselle: In reading the January number of the AMERICAN JOURNAL OF NURSING, I am moved to see what an enthusiastic reception the subscription in favor of the Florence Nightingale School has met with everywhere in America. A graduate pupil of the School, I do not cease to interest myself in it, having been very happy there, and having realized, moreover, the necessity of

relieving, be it only in a philanthropic and social point of view, the infinite miseries that surround us. And I am very sure of being the faithful interpreter of the thought of all my graduate companions in this course of studies, in expressing to our colleagues in America all our gratitude.

The remembrance of those among you who are buried on the soil of France, cannot be better kept than by the older pupils ("bleues") of the School of Florence Nightingale. They will never forget those who have given their lives for the noblest cause—those who in a large measure will have also contributed to the development of nursing in France.

Thanks to them—thanks to you, our friends in America, the nurses of Bordeaux will see the realization of their dream, namely, to construct a house, a model of comfort and charm, to continue a work which they have very deeply at heart—to enlarge a cause for which they have fought and have conquered—the cause of nursing in the hospitals.

We who have suffered from the inferior method of installation, we realize with a joy and gratitude very deep what the life for our young nurses will be in the new Home "Florence Nightingale."

To you all, nurses of America, a vibrant thanks ("merci") is thrown to you across land and sea, from a graduate nurse ("bleue") of the School of Florence Nightingale.

MADELEINE SELTZER.

Pardon me, I pray you, for writing to you in French. The composition of an English letter would be very difficult for me.

Further pledges for the Nightingale School were given. Miss Jammé then took the chair for the Legislative Session.

UNIFORM STATUTORY REQUIREMENTS FOR SCHOOLS OF NURSING AND FOR LICENSE TO PRACTICE NURSING

BY ROBERTA M. WEST, R.N.

Superintendent of Nurses, Municipal Hospital, Philadelphia, Pa.

Very important when framing any legislative act, is a phrasing that will not be ambiguous and yet will allow a broad interpretation. It goes without saying that lawyers are as diverse in their rulings as physicians are in their diagnoses. It is impossible to provide in any one act of assembly for all contingencies existing or likely to arise. A skeleton made up of personnel, duties of the examining board, physical requirements and educational, where states have and maintain standards in their secondary schools, penalties for infringements upon the law, a limited period for registration, with provisions for re-registration, are indispensable.

There will be less confusion if a separate act can be secured for the registered nurse and for the trained attendant; it will be wiser for certain reasons to have these acts legalized at different periods.

A separate curriculum may be possible in certain states, and if efforts to standardize all nursing education are to be successful, they do need to be reinforced by clearly defined law.

At present, because some states are not stably standardized in their educational requirements, an entrance examination would seem necessary, and if simply enough outlined these present no bugbear to the woman who has not been well prepared or who has forgotten much of her preparatory schooling.

A minority can, in every state, defeat legislation if that minority can show that enforcement of standards will cause inconvenience and deprivation of liberty of choice in vocation, or act as an obstacle in the free exercise of the citizen's privileges.

The suggested points in drafting a legislation law are: 1. Object of the act: a. To provide for protection and care of the sick in the state of (blank). b. To provide for and regulate the examination and licensure of all persons caring for the sick as a business or for hire. c. To issue licenses to applicants to care for the sick, such as: 1. Registered nurses, 2. Trained attendants. (And it would seem a far wiser policy to separate at any rate your sections, if not your bills, and it might be a wiser provision to have a bill for licensed attendants introduced at another period in the session, have the two entirely separate and distinct so as to avoid confusion.) d. To formulate regulations for the registration and training of registered nurses and trained attendants. (It would seem also that that regulation should be kept separate, that the regulation for the registered nurse should be kept at any rate in a separate section, if not a separate law book, so that there should be no confusion in the minds of the public as to the status of the individual woman.) c. To provide penalties for any of the provisions of the act and to repeal all acts in conflict herewith.

Then of course the administration of the act must be provided for, the appointment of the members of the board. The matter was discussed slightly this morning as to the constitutional rights of the Governor to appoint any one he pleases.

Examinations must be provided for in the act. They may not be confined to certain months in the year, but they may be mentioned as occurring twice in the year or say four times in the year, and you may provide for this by saying at a time and place selected by the Board.

It is well, always, not to tie yourself too closely to the legal declarations, otherwise you are going to be held up strictly if there is any one who wants to challenge your rights in the operation of the law. There must always be a waiver clause. As a majority of the states have registration, this waiver clause will need to be provided by only a very few.

Eligibility for examination is the next thing, and must be carefully studied. You must have that very carefully defined, otherwise you will have it contested by the Attorney Generals of the various states. It is possible that you may have had the experience that we have had in Pennsylvania, the experience of having a very tender hearted Attorney General, who feels far more sympathy for the individual woman who is going to suffer by an examination, than he does for the schools that are trying to establish standards and that are working for the greatest good of the greatest number.

Licensees must be also provided for in your bill, and it is necessary to provide for the status of an accredited school, to be able to say what constitutes an accredited school.

Within the same act it may be inserted, unless you can secure a separate one, what you propose to provide in the way of education and institutional opportunities for the trained attendant or the licensed attendant. You must also, at that time, provide for the inspection of schools of nursing, and also, in that section or in that clause, the payment of expenses incurred by the inspector of training schools should be clearly stated. If you don't you are going to have extremely difficult financial problems to settle, without funds with which to do it.

You must also be clear in your definition of reciprocity, as to what it means, and upon what it is based; and necessarily you must provide for penalties, the penalties which are to be the result of infringement of the act.

You must also clearly define what would cause a revocation of the certificate. And lastly, it is only honest to provide for a report of your receipts and expenditures to some authorized body, whether it be your state treasurer, whether it be your state association of nurses or whether it be the auditor general of the state. That would have to be decided upon by a legal opinion.

The applicant for examination should be required to present evidence that she has received the instruction which is required by the act. It is going to be very difficult to make a legislative act which will serve all the states, because conditions vary, not only because of the attitude of the legislatures, but because it is impossible in some of the states where the educational requirements are not great, where the educational opportunities are not uniform, to demand in any act of assembly an educational standard unless you discriminate against a large number of people.

Discussion followed regarding the necessity for compromise in dealing with legislatures; the necessity for amending nurse practice

laws, because educational laws are changing continually; the qualifications which an applicant for registration should possess; the best way of dealing with an applicant whose training has been partly in an unaccredited school; the provisions for licensing attendants as embodied in the laws of New York, Pennsylvania and California; and the proposed law for regulating the work of practical nurses, in Arizona.

CURRENT AND PROPOSED LEGISLATION IN THE PUBLIC HEALTH FIELD

BY ELLEN HALE, R.N.

*Chairman Legislative Committee, National Organization for
Public Health Nursing*

The field of legislation is very wide and the National Organization for Public Health Nursing, in trying to acquire some knowledge of present laws, has not undertaken to stray far into it. We have kept pretty closely to our own path and have considered only those laws which affect public health nursing very directly, although we realize keenly enough that all legislation relating to health, touches our work to a greater or less degree.

In studying the provisions for public health nursing which have been made by state legislatures and by state boards of health, one is conscious of two distinct trends of endeavor. First, the attempt to meet the need for nursing and for the educational health work that is best done by nurses; to provide enough nurses to care for the sick and to teach people how to keep well; in other words, an effort to secure the necessary *quantity*.

Second, the attempt to insure that this nursing be good; that the work of the nurses is coördinated, that it does not overlap in some places and leave aching gaps in others; that a high standard of training and of ability is maintained,—an effort to secure *quality*.

In the first group come the various laws authorizing the expenditure of public funds for the employment of public health nurses; in the second, the establishment of divisions or bureaus of public health nursing in state departments of health, or at least the employment by these departments of state supervising nurses.

Most of the information which we possess about the existing legislative provisions in these two groups was gathered last summer by our librarian, Miss Bradley, who asked the state health departments throughout the country for data as to the laws of their particular states and who submitted to them a summary of the information gleaned from their answers that they might correct or amplify the statements which appeared therein. Letters were sent also to the

members of our Council of State Representatives and to women's clubs asking similar questions. However, even with the courteous assistance which was afforded by most of the persons to whom we made this appeal, it is impossible to feel certain of the completeness or accuracy of our conclusions. From some states we have not yet been able to get information, and though silence would suggest that no laws exist, we cannot be sure that such is the case. I believe we are particularly weak in our knowledge of what is happening in the states where legislatures are in session this year. We trust that through clipping service or through our members we may be informed as to any laws which are actually approved, but those to whom we turn naturally for information are very busy people, and may well omit such an extra bit of work. This long explanation is only by way of showing that the following statements about existing legislation should be prefaced by some saving clause. "To the best of my knowledge and belief" may well be used here with the same gratitude which we felt toward that phrase when we were wondering whether it was possible that we had filled out correctly those appalling tax returns.

To come, then, to the summary of what we know or think we know about existing legislation, let us begin with the list of states which have passed laws to authorize the employment of public health nurses.

Ohio demands special attention because during the past year all eyes have been turned to the famous Hughes Law and to the controversy which followed its passage in April, 1919. This far-reaching public health measure did away with the town and village boards of health and reorganized the state by districts, requiring in each a full time health officer and at least one public health nurse. It was to go into effect January 1, 1920, but some question as to its constitutionality was brought forward and it was amended by the Griswold Act, which was passed in December, 1919. As the law now stands, the health officer may be a whole time or a part time employee and the employment of a nurse is optional. "Civil service sections of the Hughes Act were dropped * * * most of the duties of health boards made mandatory by the Hughes Act were transformed by the Griswold measure into powers to be exercised at the discretion of this board," but at least "the amended law makes it possible for a county or a city to go as far as it likes in providing for the protection of the public health." (From the *Ohio Public Health Journal*) The law authorizes the employment of such a number of public health nurses in each district as is necessary to provide adequate public health nursing service to all parts of the district. It is evident that the State Department of Health hopes and expects that eventually all districts

will avail themselves of this authority, and a statement in the *Ohio Public Health Journal* for January leaves in the mind of the reader, perhaps unintentionally, the suggestion that the days of the privately supported visiting nurse association are numbered. The *Journal* declares that the voluntary health organizations should not consider their work ended and that they must continue to play an important part in educating the public to a greater appreciation of the benefits to be derived from adequate health inspection, but it goes on to say: "There is still a wide field for the voluntary organization, especially this year when the new official organization is in its infancy. Associations which have been maintaining public health nurses would do well to continue that policy for the present at least. In this beginning year with many of the district boards handicapped by shortage of funds, assistance of this kind will fill a great need. * * * Each association maintaining a nurse should place her under the full supervision of the official health authority unless the district board has failed to install an efficient health organization."

The one mandatory law of which we know is that of Wisconsin, passed in 1919, which provides that before July 1, 1921, every county shall employ one or more public health registered nurses or public health instructors whose duties shall be as follows: "to act as health supervisor for all schools not already having inspection either by a physician or school nurse; to assist the superintendent of the poor; to instruct tuberculosis patients and others in preventing the spread of tuberculosis; to assist in reporting existing cases of tuberculosis and other communicable diseases; to assist in investigating cases of delinquency, neglect and despondency of juveniles, including state aid to dependent children, in counties not employing a probation officer; to assist in investigating cases of non-school attendance in districts where a school attendance officer is not employed; to assist in investigating cases of infringement on child labor laws; to investigate cases of crippled children due to infantile paralysis or other causes; to act as health instructor throughout the county and to perform such other duties as may be assigned to her." The qualifications of the nurse or health instructor shall be determined by a committee of three examiners, one to be selected by the State Board of Health, one by the Committee of Examiners of Registered Nurses, and one by the State Superintendent of Public Instruction. Their work is to be supervised by a county health committee to be made up of the chairman of the county board, the county superintendent of schools, a woman appointed by the county board, the judge of the juvenile court and the deputy state health officer for that county."

The list of states which by act of legislature authorize the employment of nurses goes on as follows:

The health law of Alabama, as revised and amended in 1919, provides for a full time county health officer who "shall employ such number of physicians, nurses, clerks, etc., as are found necessary to accomplish the work."

California, in 1919, passed laws authorizing counties and municipalities to employ public health nurses who shall attend to such matters pertaining to health and sanitary conditions as may be assigned to them by the employing board.¹

In Idaho, a law passed in 1919 authorizes "county commissioners to employ a trained nurse whose principal duty will be that of visiting county schools."

Iowa has a law, passed in 1919, which authorizes boards of supervisors, city and town councils and the school boards of the state "to employ visiting or public health nurses at such periods each year and in such numbers as they may deem advisable," and "to prescribe the duties thereof which shall in a general way be for the promotion and conservation of the public health."

A law of Kansas, passed in 1919, authorizes cities of the first class having a population of less than 85,000 and cities of the second class, to levy and collect taxes, not to exceed 1/5 of 1 mill on a dollar, for the purpose of paying the expenses of the public health nursing association.

In Kentucky, the Public Health Nurse Act of 1918, provides that any "county, tuberculosis, district or other organization not operated for profit which shall employ a visiting nurse for the care and prevention of tuberculosis and other diseases, shall be entitled to receive state aid in providing compensation for such nurse."

In Massachusetts, towns of a given size are authorized to appropriate for public health nursing a sum not to exceed \$2,000 a year.

A law passed in 1919 in Minnesota authorizes every city council, village council, board of county commissioners and town board to make appropriations for the employment of public health nurses who may be designated to act "as hygiene experts for school or school districts; to assist authorities charged with the care of the poor in safeguarding the health of such persons; to assist in discovering and reporting cases of tuberculosis and other communicable diseases; to act as visiting nurses; to perform such similar duties as shall be designated by the board."²

In Missouri an act was passed in 1915 whereby municipal councils

¹ Chapter 185, No. 3062. Chapter 126, No. 4225 a.

² Chapter 38, H. F. No. 130.

or county courts, on a petition initiated by a city or county tuberculosis association, are required to appoint a visiting nurse to be paid from public funds.

The Montana Board of Health made a regulation, in 1916, that in case of an epidemic of poliomyelitis, the county board of health shall employ a public health nurse.

Montana has a law, passed in 1917, which authorizes school boards to employ school nurses, and county commissioners to employ county nurses for duties under the Child Welfare Division. There is also a regulation of the Montana Board of Health, made in 1916, which provides that in case of an epidemic of poliomyelitis the County Board of Health shall employ a public health nurse.

In Nebraska a law was passed in 1917 which provides for the employment of a visiting community nurse in any village, city, county or township; for the levying of a tax, not to exceed five mills, for the salary and expenses of nurse; which allows the city council in cities of the metropolitan class to employ a visiting nurses' association to perform the duties of a public health nurse, and invests the nurse with police power to carry out the orders of city, village, county or township organizations.

In New Jersey, acts were passed in March, 1916, authorizing counties to employ registered nurses for tuberculosis work, and making it lawful for municipalities to employ nurses for the care of the needy sick.¹

New York's public health law authorizes each health officer, or other official exercising similar duties, "to employ such number of public health nurses as in his judgment may be necessary within the limits of the appropriation made therefor by the city, town or village. They shall work under the direction of the health officer and may be assigned by him to the reduction of infant mortality, the examination or visitation of school children or children excluded from school, the discovery or visitation of cases of tuberculosis, the visitation of the sick who may be unable otherwise to secure adequate care, the instruction of members of households in which there is a sick person, or to such other duties as may seem to him appropriate." The Education Law authorizes the employment of school nurses, and the County Law that of county nurses for tuberculosis work.

In North Dakota, a law amended in 1919 provides that boards of county commissioners, school boards and boards of education shall, when duly petitioned, employ one or more physicians or graduate nurses to visit the schools and inspect and examine the pupils. The

¹ Chapters 32 and 202, March, 1916.

² Sec. 21-c added by Legislature 1913, Chapter 559, in effect May 16, 1913.

nurse or physician thus appointed shall cooperate with the state, county, city and township boards of health in dealing with communicable diseases and securing medical treatment for abnormal or diseased children.' An effort to include in this law a mandatory requirement was defeated because at that time several counties were trying in vain to secure nurses. Chapter 124 of the Laws of North Dakota, approved February, 1913, authorizes boards of county commissioners to appropriate money out of the county funds for the employment of visiting nurses in preventing the spread of tuberculosis.

In Oregon, the law authorizes counties to employ visiting nurses to do tuberculosis work, "to act as visiting nurses throughout the county and to perform such other duties as nurses and hygienic experts as may be assigned to them by the county board."

South Dakota has a law, passed in 1919, which authorizes county commissioners to employ a trained nurse or nurses who shall perform such professional services as the county board of health shall deem necessary. She may examine school children, report cases of communicable disease, act as tuberculosis nurse, assist and direct as to the proper care and nursing of persons in any pest-house or house of detention, who are afflicted with contagious disease, act as visiting nurse throughout the county, etc. The act makes it unlawful for any person to refuse to receive these nurses when in the discharge of their duties.

In Virginia, a law approved in 1918 authorizes county boards of supervisors to employ school nurses "to visit the schools and the homes in an effort to prevent the spread of disease and to provide for the treatment of many ailments which if allowed to continue will result disastrously to the pupils."

Now comes the list of Divisions, or Bureaus of Public Health Nursing illustrating the second trend which was apparent, that toward securing a fine quality of public health nursing.

There are Bureaus or Divisions of Public Health Nursing in the State Health Departments of Alabama, Kentucky, Louisiana, Mississippi, New York, Oregon, Pennsylvania, South Dakota, Texas, and Virginia.

There are Divisions of Child Hygiene and Public Health Nursing, combined, in Illinois, New Mexico, North Carolina, South Carolina, West Virginia, and Wisconsin.

In Massachusetts and Ohio, Bureaus of Public Health Nursing exist under the Division of Hygiene of the State Board of Health; in Kansas the Bureau is under the Division of Communicable Diseases.

¹ Section 1346.

² Senate Bill No. 125.

In Arkansas, Georgia, Michigan, Minnesota, Oklahoma, Pennsylvania, Utah and Washington, there are state supervising nurses working under the State Board of Health without a Bureau of Public Health Nursing. In Montana, the Director of the Bureau of Child Welfare is also supervisor of public health nurses.

Montana's Division of Child Welfare, under which general supervision of public health nurses is carried on, was established by an act of legislature in 1917. An act of this year's legislature has recognized Kentucky's Bureau of Public Health Nursing. In New York State, the laws of 1913 established a division of public health nursing among the other divisions of the State Department of Health. 1 (?)

In the other states, as far as we can learn, the bureaus or divisions were created by the Boards of Health, which evidently possessed the authority to take such action.

In various instances the supervising nurse is subsidized or partly subsidized by the Red Cross; in North Carolina, before the establishment of the Bureau of Public Health Nursing and Child Welfare, the Director of Public Health Nursing was supported jointly by the Metropolitan Life Insurance Company and the State Board of Health.

It is obvious from even this brief summary of existing legislation, that the various states meet the nursing problem with varying degrees of adequacy. Some of the laws make it possible to cover the whole field of public health nursing; others limit the employment of nurses to only one type of work, such as tuberculosis, perhaps, or school nursing. Still others place upon the nurses duties which seem to us to belong to the social worker, pure and simple. While recognizing the unquestionable importance of shaping the legislation of each state to the particular needs of that state, the National Organization for Public Health Nursing believes that certain points should be covered in all laws dealing with public health nursing. It seems desirable that the act which authorizes the employment of nurses should include in the nurse's duties the following activities: Arrangement for or administration of home care of the sick; the instruction and care of all women bearing children, during pregnancy, and for the first three months thereafter; the instruction of mothers in the care and proper feeding of their children; assistance at infant welfare clinics; the inspection and instruction of school children, including the reporting of symptoms of contagious disease, the enforcement of precautionary measures and the reporting of any other disease or defect requiring treatment; the reporting and care of all contagious disease in the community and coöperation in proper measures to check epidemics; the care of industrial workers.

On the other hand, we believe that the law should not require the nurse "to act in matters of delinquency or compulsory school laws, child labor laws or in the administration of relief," and it seems to us unwise to introduce into a public health nursing bill a clause providing for forced entrance to homes, except as such entrance is essential to carrying out the provisions of a "forcible removal" law. "The coöperation of the public must be secured through education and through the proof offered of the benefits of the service."

Certain principles we believe should be recognized also in providing for state supervision of public health nursing. Nurses are employed under most of the bureaus or divisions of a department of health—in the bureau of tuberculosis, the bureau of venereal disease, the child welfare bureau, etc. For this reason it seems advisable that the task of coördinating and supervising the work of all these nurses should be undertaken by a separate bureau of public health nursing which is equally interested in all the branches, rather than by any division which is engaged in special work. We believe that the director of this bureau (or division) of public health nursing, working under the state commissioner of health, should be a registered nurse who has had special training or experience in public health nursing, and it seems to us that as the director of a division she can accomplish far more than can the state supervising nurse who works without a bureau and has not the support and backing and the opportunity for consultation in the working out of wise plans which are afforded where a bureau exists. The National Organization for Public Health Nursing has had two bills drafted by its counsel, Mr. Breckinridge, which embody these principles and may be helpful, we trust, by way of suggestion in the preparation of public health nursing laws adapted to the needs of any state.

In the summer we brought to the attention of Senator France, Senator Owen and Representative McDuffie, the importance of including provision for a bureau of public health nursing in their respective bills for the establishment of a Federal Department of Health. These suggestions were cordially received by the three Congressmen and we understand that provisions for the inclusion of such a bureau in the department were incorporated in their bills. So far as we can learn, these measures are still in committee and the newspapers lead one to infer that Congress is too much occupied with other matters to give its serious attention to the establishment of a department of health and the bureaus which it should contain.

We contemplated further legislative activity and at one time hoped to assist in the organization of legislative committees in each state, which might consider and act upon the question in the light

of first-hand knowledge of the local situation and in close coöperation with state departments of health. However, these intentions were modified very greatly by the plans of the Red Cross, the National Tuberculosis Association, and the National Organization for Public Health Nursing, for creating joint state public health nursing committees. Wherever such a joint committee is established it will be the natural body to consider legislation for its state, and we have abandoned all thought of a legislative campaign apart from the help which may be asked of us by these committees.

*Cooper
Planing
Legislative*

Indeed it seems hardly probable that much effort will be needed to stimulate the introduction of legislation relating to public health nursing. The whole movement keeps on with great vigor. From several states comes information that the State Department of Health contemplates the establishment of a bureau of public health nursing. The present Legislature of Mississippi has made appropriation for child welfare work and for the struggle against venereal disease, in both of which lines of activity public health nurses are to be employed. The State Health Officer of Kentucky writes us of a law very recently enacted which not only recognizes the Bureau of Public Health Nursing, originally organized under the general authority of the Board of Health, but also provides for considerable public health nursing activity under the Bureau of Child Hygiene. In New Mexico, a law was enacted last February which authorizes the governing bodies of counties or incorporated municipalities to employ, in addition to county and municipal health officers, such employees as may be needed to properly execute the health laws, rules and regulations. Physical education bills which would call for the employment of nurses, are before the legislatures of several states. The passage of either the health insurance measure, or the Sage-Machold bill to provide for the establishment and maintenance of local health work, both of which are now before the New York Legislature, would guarantee an enormous amount of nursing care to the citizens of the state; so would the enactment of the maternity benefit bills under consideration in the present session of the General Court of Massachusetts. The Shepard-Towner bill for the protection of maternity and infancy, which is before the Congress of the United States, proposes that public health nurses, as well as clinics and hospitals to provide suitable maternity care, be made available through federal aid to the several states.

Such measures as these are certainly indicative of the trend of the times and show plainly enough the intention of the general public that the means of securing health shall be within the reach of everyone. They increase many-fold the responsibility of those who care

deeply that the development of public health nursing shall be along the wisest lines and that the highest standards of personnel and service shall be maintained. Those who know the requirements of good public health nursing from within must give full measure of time and thought to the effort to secure excellence in all that relates to it, in order that we may really attain "equal chance for equal health" in which we all believe.

THURSDAY AFTERNOON, APRIL 15, BUSINESS SESSION

Miss Noyes, on opening the meeting, asked for a report from the Committee on National Headquarters.

REPORT OF THE COMMITTEE ON TRANSFER

I assume that I need not go into any details of the plan for national headquarters, inasmuch as the plan submitted to the Board of Directors was sent to all the states for consideration. I merely take up the question where we left off, by saying that the Committee on Transfer which was appointed by the joint boards of directors in the autumn, to consider the work of the Bureau of Information and Advice, established by the Red Cross, after careful study of the work of the Bureau, recommended that it be taken over by the three national associations as a part of their long projected scheme to provide a headquarters for their work. The joint boards approved the plan, and it was referred to the state associations for action. As there were some points on which opinions varied, the committee was requested to continue in office, to increase its number and to appoint a sub-committee to go further into the question of details of administration, especially that of budget. Miss Goodrich and Miss Clayton were added to the Committee. Miss Ahrens was appointed chairman of a sub-committee to take up the question of possible headquarters in Chicago in connection with the Central Council of Education just formed in that section. Miss Gray and Miss Eldredge were appointed a sub-committee to look further into the question of costs. At a recent meeting, the Committee on Transfer took up the question about which there had been differences of opinion; namely, the place of the Red Cross in such a headquarters, and it recommends that the plan originally submitted be altered so that the headquarters include only the three national organizations and that the words, "with the coöperation of the Red Cross" be omitted from the paragraph dealing with that point. The sub-committee on the question of budget—Miss Gray and Miss Eldredge—after some study of the work of bureaus already in existence in New York City, has presented a preliminary report on the question of expense which shows that the tentative budget first submitted was not far astray in its estimate.

ADELAIDE NUTTING, *Chairman.*

The discussion which followed the reading of the report dealt with possible sources of income for the support of the headquarters, the impossibility of working out a definite plan until sub-committees of the three associations had worked it out together with a knowledge of their resources, the possibility of receiving help from the Red Cross, whether or not its name appears in connection with the undertaking, the question as to whether the state associations would be levied upon to help with the expense, the possibility of issuing bonds,

the likelihood that branches of national quarters would be established in other cities, etc.'

Miss McMillan of Chicago moved that the Association accept the report of the Committee on National Headquarters and authorize the organization of the headquarters. The motion was carried.

Miss Francis of Pennsylvania moved that the appointment of a committee to develop the plan be left to the Board of Directors. This was carried.

The recommendations contained in the report of the Revision Committee were taken up for consideration, as follows:

1. That the time limit for State Associations to complete reorganization be made February 1, 1921.

This was adopted on motion of Miss Henderson of Illinois.

2. That each State Association appoint a committee to secure copies of constitution and by-laws of all alumnae associations within the state to determine whether or not revision of classification of membership has been made to conform to the requirements of the American Nurses' Association. Wherever a committee on revision has been retained by the State Association, this duty may be assigned to it.

This was adopted on motion of Miss Robinson of Illinois.

3. That official transfer cards be used within the state, if the state so desires, and that the transfer be made by the Secretary of one district to the Secretary of the district to which the member goes.

This was adopted on motion of Mrs. Peterson of California.

4. That the by-laws of the American Nurses' Association be amended by adding to Article VII a new section to define the duties of the Revision Committee to read:

Sec. 8. "The Committee on Revision shall receive all proposed amendments to the by-laws of the American Nurses' Association and submit them for action at the biennial conventions. This Committee shall also advise State Associations concerning proposed amendments to their constitution and by-laws, for the purpose of keeping them in harmony with the articles of incorporation and by-laws of the American Nurses' Association. State Associations shall confer with this Committee before adopting any proposed amendments to their constitution and by-laws."

This amendment was adopted on motion of Miss Duncan of Pennsylvania.

5. Add two new sections to read:

¹ The limits of the JOURNAL pages do not permit a verbatim report of this discussion. Copies of the stenographer's notes of this portion of the convention proceedings may be obtained by state associations, on request, at a nominal charge for copying, from the secretary of the American Nurses' Association.

Amend by-laws, Article VIII, Dues, by substituting for Sec. 2, the following:

"All dues shall be paid in advance not later than December 31st for the following calendar year."

This section was adopted on motion of Mrs. Twiss of New York.

"Sec. 4. State Associations whose dues have not been paid by December 31st shall be notified by the treasurer and those not paying by March 1st shall forfeit membership."

This section was adopted on motion of Miss Deans of the District of Columbia.

"Sec. 5. State Associations having forfeited their membership may be reinstated upon the payment of dues."

This section was adopted on motion of Miss Lawler of Maryland.

After discussion, Miss Deans moved that the words "for the fiscal year" be added to Article VIII, Sec. 5. This motion was carried.

Miss Sly explained that a sixth recommendation, not included in the report of the Committee on Revision, had been added on the advice of Mrs. Fox.

6. Amend Article IX by adding as Sec. 2:

"The order of exercises at each biennial convention of this Association shall be in accordance with a program adopted at the beginning of the Convention, and shall include:

- Annual reports of all officers
- Annual reports of all sections
- Annual reports of all standing committees
- Address of the President
- Miscellaneous business
- Election of officers, and
- Reading of minutes."

This amendment was adopted on motion of Miss Burgess of New York.

7. Insert as Article XIV, (new):

"Duties of States

It shall be the duty of each State:

Sec. 1. To send to the President and to the Secretary of this Association, the names and addresses of all officers immediately after their election or appointment."

Miss DeWitt of New York moved that the word "State" be changed to "State Associations." The motion was carried.

Section 1, as amended, was adopted on motion of Miss Coleman of Michigan.

Sec. 2. To confer with the Committee on Revision before adopting any proposed amendments to their constitution and by-laws.

Section 2 was adopted on motion of Miss Parsons of Massachusetts. The discussion following the vote brought out the fact that the last paragraph of Article VII, Sec. 8, is unnecessary, as it covers the same ground.

On motion of Miss Sly, the vote on Article VII, Sec. 8, was reconsidered, and the last paragraph was struck out. On motion of Miss Goodrich of New York, the section as amended was adopted.

The meeting adjourned.

SATURDAY AFTERNOON, APRIL 17, BUSINESS SESSION

Miss Noyes opened the meeting by reading a telegram from Mrs. William K. Draper, New York, an honorary member, expressing regret at not being present. Action was then taken expressing the opinion that Atlanta is a most satisfactory city in which to hold a convention.

A resolution framed by the round table on the Florence Nightingale Centennial was read and endorsed:

Resolved, That, in recognition of the hundredth anniversary of the birth of Florence Nightingale, to be celebrated on May 12, we, the members of the three national nursing associations of America here assembled, declare once more our debt to her inspiration and our allegiance to the high tradition of service which she founded.

Resolved, further, That as practical evidence of this allegiance we make the Nightingale centennial year the occasion of special efforts designed to enlist qualified recruits for nursing and to raise the educational standards of nurse training schools by shortening the hours of duty, eliminating useless drudgery and obsolete methods of discipline, so that these much needed recruits may be attracted in larger numbers.

Report of the Committee on Platform of Work for the American Nurses' Association, 1920-22.

At the January meeting of the directors of the American Nurses' Association, held in New York, the Interstate Secretary suggested that the Association should have a definite programme of work to be presented to the states. The president appointed the Interstate Secretary as chairman, who asked the following members to serve with her: Sara E. Parsons, Massachusetts, to represent New England; Ethel Butts of Washington, to represent the far west; Mrs. Ethel Clarke of Indiana, to represent the middle west; Mary C. McKenna of South Carolina, the south; the ex-officio member, Miss Noyes, the east.

The members of the committee were asked to state what they considered should be included in this programme, and a letter asking for suggestions was sent to all the state associations. Twelve of these had been heard from before the committee met on April 11, in Atlanta, and from these suggestions, the following recommendations were made:

1. National headquarters.
2. Divisional meetings, such as New England and the northwest states held last year.
3. That a campaign for subscriptions for the JOURNAL be undertaken through committees appointed by state and district associations.

4. That an effort be made, as soon as the campaign for the American Nurses' Memorial is completed, to increase the Relief Fund to a minimum of \$50,000.

5. To coöperate with the National League of Nursing Education and the National Organization for Public Health Nursing in an educational program of publicity, stressing all phases of nursing activities and reaching all groups in a community.

6. That each state association make an earnest effort to reach every nurse in the state and if possible encourage her membership in the Association.

7. That special effort be made by all organizations to interest the younger nurses in the organization work.

8. That the American Nurses' Association suggest to the Legislative Section that it urge the state to work for compulsory laws for the registration of nurses.

9. That the American Nurses' Association suggest to the Private Duty Section that it make a special effort to organize private duty sections in connection with state associations, these sections to make special effort to interest all nurses to join the state association.

ADDA ELDREDGE, *Chairman.*

On motion of Miss McMillan of Illinois the association accepted the report and adopted the platform.

A discussion followed as to the use of the income from Miss Delano's legacy for the coming year, the Advisory Council having recommended that it be used for the Relief Fund. On motion of Miss Deans, the recommendation was adopted.

The Nominating Committee was appointed: two by the chair, Mrs. L. E. Gretter of Michigan and Mary J. Stone of New Jersey; and three elected from the floor,—Mrs. Gould of Tennessee, nominated by Miss Sly; Mrs. Breaux of Louisiana, nominated by Mrs. Twiss, and Alice M. Claude of Washington, nominated by Miss Eldredge.

A report on round tables was given by the Programme Monitor, Martha M. Russell, who stated that over fifty had been held, in all, sixteen of these belonging strictly to the American Nurses' Association: Army Nurses, Miss Stimson, chairman; Reorganization, Miss Sly and Miss Greaney, chairmen, ten sessions; Boards of Examiners, Miss West, chairman; Relief Fund, Miss Golding, chairman; Central Registries, Miss Ott, chairman; Registrars, Miss Rice, chairman; Nursing in Sanitaria for the Tuberculous, Lucy Tobin, chairman; Reciprocity, Ida M. Giles, chairman.

Boards of Examiners.—There was representation by inspectors and board members from seventeen states. The topics discussed were: (a) Credit for previous work, preliminary education, and the educational standards of state laws. It was the consensus of opinion that it was better to have a low requirement and keep it, rather than a higher one that is not lived up to. (b) Transfer of students from one school to another, involving the question of records. It was suggested that the wanton destruction of records might be written into a law as a misdemeanor. It was urged that superintendents be given full time stenographers, so that records may be kept. A simpler form of record was urged, also

greater uniformity of methods and closer coöperation between boards of examiners. There was brief discussion of the financing of Boards and of the terms of compulsory laws.

Nurses' Relief Fund.—There were forty present, ten of whom were chairmen of state Relief Fund Committees. Miss Golding gave a brief history of the Relief Fund and plans for reorganization. By these plans each state will be organized as follows: In each state a state committee, composed of the state chairman and a chairman from each district association. There shall be a committee in each alumnae association within each state, which will gather funds from its own association. The funds from the various associations will be turned over monthly to the state chairman, who will keep a record of cash and pledges and will forward the cash to our national chairman, Mrs. Twiss, thus distributing the work of the Relief Fund uniformly. The point was brought out that more publicity is greatly needed.

Central Registries.—It was decided to make an effort to prevail upon private duty nurses not to leave that form of service until the present shortage of nurses is somewhat overcome; not to leave the nursing profession, even if they do change their form of service, and to inspire each nurse to gain one new recruit to the nursing profession. It was advised that so far as possible, district associations establish registries, and that the coöperation of hospitals, lay people, and physicians be sought, in order to bring about satisfactory conditions in each locality.

Miss Golding added the suggestion that private duty nurses be advised, as far as possible, to shun commercial directories.

Reorganization.—The round tables on reorganization have been conducted every morning at 8 a. m., with special conferences, every day, with state groups. The plan of reorganization seems now to be clearly understood, but the problems to be adjusted in each state indicate that it will be fully two years before the machinery will be running smoothly in the state and local organizations, though if the enthusiasm displayed by the members is an indication of their desire to finish the work soon, it may be completed in a shorter period. Every phase of reorganization has been under discussion. It is most gratifying to find that the members are pleased with the new form of membership, and in the states where it is in operation, it is a great stimulus to nursing interests. The total attendance at the round tables for the week is estimated as over 700.

A vote of thanks for the work of Miss Sly and Miss Greaney in conducting these round tables throughout the convention was given on motion of Miss Maxwell.

Reports from the Sections were next considered.

Miss Ott presented the following resolutions from the Private Duty Section:

Resolved, That nurses who move from one locality or state to another, should conform to the rules and prices in operation in the new locality; that they should join the district association of that locality and help in every way their sister nurses to improve nursing conditions, by working in harmony with them; that when taking a case in a strange hospital, they should conform to the rules, regulations, and rates governing private nurses in that institution;

That Private Duty Sections of state associations should be formed and their organization reported to a national chairman;

That hospital authorities should assist the stranger within their gates by providing sufficient hours off duty for rest and recreation, in order to secure the efficient performance of her work;

That nurses should help educate the public to see that, in order to do her best for her patient, a nurse must have sufficient rest and some time for herself away from the sick room;

That nurses should help educate the public to see how essential it is for the public welfare that proper legislation be passed compelling all persons caring for the sick, for pay, to be registered;

That all nurses should affiliate themselves with the authorized nursing bodies of their locality, especially the nurses' central directory, and that they should meet often and discuss their various problems and the solution of the same, and in all things seek coöperation, for in union is strength.

Miss Jammé reported what had been done in the meetings of the Legislative Section and suggested that its future work might lie in gathering data of all the laws, to be in the hands of the secretary for reference, and in working out more uniform methods of conducting examinations.

Mary E. Gladwin reported the work of the Committee on Resolutions, reading first a resolution from the National Organization for Public Health Nursing:

Whereas, The National Organization for Public Health Nursing, believing that protection of maternity and infancy is of vital importance to the welfare of the country, finds itself in full sympathy with the provisions incorporated in Senate bill 3259, therefore be it

Resolved, That the National Organization for Public Health Nursing express its approval of this bill;

Be it further Resolved, That a copy of this resolution be sent to Julia C. Lathrop, Chief of the Federal Children's Bureau of the Department of Labor, under whose auspices the bill was drafted, and also to Honorable Mr. Shepard, of the United States Senate.

This resolution was adopted on motion of Miss Henderson of Illinois.

RESOLUTIONS OF THE THREE ORGANIZATIONS

Whereas, The convention of the national organizations of nurses of the United States, (the American Nurses' Association, the National League of Nursing Education, and the National Organization for Public Health Nursing) held in Atlanta, Ga., in April, 1920, has been a most interesting and profitable one and has given us an opportunity to enjoy the charming hospitality for which the south is noted; therefore,

Be it resolved, That our cordial thanks be extended to Martha I. Giltner, chairman of the Committee on Arrangements, and to all those who so ably assisted her;

To Jane Van De Vrede and the Publicity Department of the Southern District of the American Red Cross;

To the citizens of Atlanta who so generously put their automobiles at the service of the nurses on Sunday afternoon and to the hostess of the delightful tea party which followed.

Our grateful thanks are extended to the Rev. C. B. Wilmer, of St. Luke's Church, for the invocation which gave us strength and courage for the work which lay before us;

To the Mayor of Atlanta, who so graciously welcomed us to his city at our opening meeting;

To Mary Keipp, chairman of the Music Committee and, through her, to the musicians who contributed to our pleasure;

To Mr. Morse, the song leader of Camp Gordon, for his inspiring leadership in community singing;

To Mrs. A. P. Coles, chairman of the Federated Women's Clubs, and to all who assisted her in making the reception a memorable and happy occasion;

To Colonel Bratton, Commandant, and to Agnes Agnew, chief nurse, at Fort McPherson, for much hospitality extended and for the delightful entertainment of Friday;

To Dr. Ham, for his great kindness in placing the Tabernacle at our disposal, and to the City Council for the use of the Auditorium;

To the Atlanta Chamber of Commerce, for its interest and helpfulness, and particularly to Mr. Fred Houser for his efforts in our behalf;

To the Y. M. C. A. and to the Y. W. C. A., for their hospitality, and to the ladies of St. Luke's Guild for the delicious luncheons which they served;

To Mr. Jameson and his Boy Scouts for their helpfulness, and to the citizens who opened their homes, donated flowers, and in numerous ways added to our comfort and pleasure.

We most heartily thank the members of the Atlanta press, who day by day have given such generous and full reviews of our proceedings.

SPECIAL RESOLUTIONS OF THE AMERICAN NURSES' ASSOCIATION

The first biennial and twenty-second meeting of the American Nurses' Association has been one of the most successful ever held, wherefore,

Be it resolved, That we earnestly thank the Programme Committee for the excellent programme provided for our profit and pleasure and that we add a word of special thanks to the Programme Monitor, Martha M. Russell, who has served the Association faithfully and well on many occasions.

Our thanks are given to all who presented papers or made addresses or in any way contributed to the success of the programme.

The Association records its great indebtedness to Adda Eldredge, the Interstate Secretary, for the inspiration and help she has been to the nurses in every part of the United States;

To Sophia F. Palmer, for her many years of faithful service in our behalf and for the continued success and high character of the AMERICAN JOURNAL OF NURSING;

To Clara D. Noyes, President, for her able leadership and to all the officers of the Association for their arduous labors in our behalf;

To our visitors from foreign lands we express the inspiration their presence has been to us; our good wishes go with them, both for their personal welfare and for the progress of nursing in the countries they represent.

Whereas, Since the last meeting, we have suffered a great loss in the death of Jane A. Delano, at one time president of this Association, and at the time of her death one of its directors, therefore,

Be it resolved, That in memory of her beautiful life and character, and of her noble work, we establish a memorial which shall be an inspiration to the nurses in all the years to come;

And, furthermore, in addition to the tangible memorial to her, that we construct an everlasting, unseen monument by making, as we only can, the American Red Cross Nursing Service an increasingly stronger and more efficient organization, always ready for patriotic service to the country which she served and for which she gave her life.

MARY E. GLADWIN, *Chairman.*

On motion of Miss Parsons of Massachusetts, it was decided to send greetings to three pioneer nurses in New England,—Linda Richards, Lucy L. Drown, and Mary E. P. Davis.

On motion of Miss Montgomery of Pennsylvania, it was decided to send greetings to the first chairman of the Relief Fund Committee, Mrs. Lydia Giberson Crass of Washington.

Miss Parsons of Massachusetts stated that she had spent the month of August, last year, in Washington, helping in the work on Rank for Nurses, and that she had been much impressed by the ability, patience and faith of Mrs. Helen Hoy Greeley and of her stenographer, Miss Brown, both of whom often worked into the late night or early morning hours. A vote of thanks was given Mrs. Greeley and her secretary.

A vote of thanks was also given Miss Parsons for voluntarily giving up one month of her vacation in order to work for Rank.

Miss Logan of Ohio spoke of the need for continuing the services of the Interstate Secretary and moved that the house recommend to the board of directors the appointment of a special committee to confer with the state associations, with a view to financing the work of the Interstate Secretary for another year. This was carried.

Miss Noyes asked whether the delegates wished to complete the American Nurses' Memorial Fund, bringing it to the amount originally promised, \$50,000 in our money, or whether they would consider that the equivalent had been given, in francs.

On motion of Miss McDonald of Texas, it was decided to complete the memorial in American money.

Miss Russell of Colorado brought to the attention of the assembly the bill now before Congress for retirement of Army nurses after twenty years of service and moved that the secretary send resolutions endorsing the passage of this bill. The motion was carried.

The report of the tellers, given by the chairman, Mary J. Stone, showed that 609 ballots had been cast, of which 601 were valid, and that the following officers were elected: President, Clara D. Noyes; first vice-president, Susan C. Francis; second vice-president, Sarah E. Sly; secretary, Katharine DeWitt; treasurer, Mrs. C. V. Twiss; director for 1920-1922, (to fill Miss Delano's unexpired term), Frances M. Ott; directors for 1920-1924, Jane Van De Vrede, Adda Eldredge, Elizabeth E. Golding.

The officers were introduced and a vote of thanks was given to the two who had been longest in office, the secretary and the treasurer.

The convention was then adjourned.

IMPORTANT ANNOUNCEMENTS

Note: As this issue of the JOURNAL is devoted to convention proceedings, the regular articles, departments and items are held over until the August number.

A LETTER FROM THE JOURNAL BOARD OF DIRECTORS

Dear Readers of the AMERICAN JOURNAL OF NURSING:

When the first news of Miss Palmer's illness with its serious prognosis came to us, we were shocked beyond ability to think, but it was not until a few days later, when the announcement that she had "passed beyond" was made, that we in any sense realized our loss.

Miss Palmer has gone from us but in a way strangely real she is still in our midst. She has left a legacy few of her contemporaries will be privileged to leave and her memory will linger for many years to come in the minds of those who have known her and have been influenced by her. To those who come after, the AMERICAN JOURNAL OF NURSING will be a monument which will ever keep her before the women who comprise our great and loved profession.

To Miss Palmer we largely owe the fact that the JOURNAL OF NURSING was established and she has been its editor since the beginning. To Miss Palmer we owe much of the progress in our profession to-day. She was a pioneer who lived to see the fruits of her work. Through the pages of the JOURNAL she scattered the good seed which has brought forth fruit one hundred fold. She was ever among the first to promote progress and, stone upon stone, she helped to lay the foundation upon which our nursing profession in this country now stands. To her we owe more than we can ever record and we are privileged to have lived and worked with her.

As a JOURNAL Board we sorrow for her but rejoice in the fact that her life was one of service and that the world is better because she lived and had a part in it.

SARAH E. SLY, *President*,
ELSIE M. LAWLER, *Secretary*.

RANK FOR NURSES ACHIEVED

The Jones-Raker bill for Rank for Nurses is now law. On May 27, the Conference Committee reached a final agreement on all issues of army reorganization and made their report, which contained the following sentence: "The provision for the relative rank of nurses was agreed to, it being contained in both bills." The report was agreed to by the House on May 28, and by the Senate on May 29. On June 4, the President signed the bill, which went into effect immediately.

The Conference Committee used the phraseology of the original

Jones-Raker bill with the exception of the last clause. For this it substituted the sentence: "The Secretary of War shall make the necessary regulations prescribing the rights and privileges conferred by such relative rank." Such language occurs frequently in Army and Navy legislation and I am advised that it is hardly likely to be construed unfavorably to our interests.

To the hundreds of persons, nurses, doctors and lay persons, who by their unselfish and spirited coöperation have made this law, the National Committee to Secure Rank for Nurses proudly acknowledges its indebtedness and gives unmeasured thanks.

HELEN HOY GREELEY, *Counsel.*

AN IMPORTANT QUESTIONNAIRE

The American Conference on Hospital Service, of which our three national nursing organizations are a part, was organized in October, 1919, to consider all matters which have to do with the work of a hospital. A meeting of this Conference was held in Chicago, March 3, 1920, at which time a Committee on Nursing was appointed with Mary C. Wheeler of Chicago as chairman. This committee was asked to make a study of the nursing problem as it exists to-day in both the United States and in Canada, with special reference to the present methods of education of nurses.

Members of the medical and nursing professions are asked to send written answers to the questionnaire which follows, addressing either Elnora E. Thomson, Chicago School of Civics and Philanthropy, 2559 Michigan Avenue, Chicago, or Louise M. Powell, University Hospital, Minneapolis, Minn.

What is your opinion of the value of the three years' course for nurses connected with hospitals? The two-year course for nurses connected with hospitals? The high school pre-nursing courses? The Red Cross extension courses? Short courses and correspondence nursing courses?

Are the principles laid down in the nursing education in these courses right or wrong? If right, why does not present nursing education adequately meet the nursing need? If wrong, how should the training of nurses be made right?

What use are the graduates of these various schools making of their training?

What misuse are the graduates of these schools making of their training?

What, if any, is the nurse wastage during training?

What, if any, is the nurse wastage after finishing the course?

What are some of the reasons for the shortage of nurses to-day?

What suggestions can be made as to changes in the training which will make it efficient and yet not lower the nursing standard?